

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

VITAL STRATEGIES ("VS") IS A GLOBAL PUBLIC HEALTH ACCELERATOR, WORKING TO ADDRESS THE MOST CHALLENGING HEALTH ISSUES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AROUND THE WORLD OUR VISION WE ENVISION A WORLD WHERE EVERY PERSON IS PROTECTED BY A STRONG PUBLIC HEALTH SYSTEM

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 \$	18,605,564	including grants of \$	13,198,902)	(Revenue \$)
See Additional Data						

4b	(Code)	(Expenses \$	14,755,437	including grants of \$	12,968,178)	(Revenue \$)
See Additional Data						

4c	(Code)	(Expenses \$	14,561,198	including grants of \$	8,012,019)	(Revenue \$)
See Additional Data						

(Code)	(Expenses \$	24,582,691	including grants of \$	13,376,453)	(Revenue \$)
OTHER PROGRAMS SERVICES					

4d	Other program services (Describe in Schedule O)				
(Expenses \$	24,582,691	including grants of \$	13,376,453)	(Revenue \$)

4e	Total program service expenses	72,504,890
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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 Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	92
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	125
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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		
	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		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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, address, and telephone number of the person who possesses the organization's books and records:
► MILI CHOWFLA SR VP FINADMIN 100 BROADWAY 4TH FL NEW YORK, NY 10005 (212) 500-5738

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

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

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[illegible]

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 ▶ 36

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MOSES AND SINGER LLP 405 LEXINGTON AVE NEW YORK, NY 10174	LEGAL SERVICES	761,559
M&R STRATEGIC SERVICES INC 1901 L STREET NW SUITE 800 WASHINGTON, DC 200363510	STRATEGIC SERVICES	182,591
DR DORCAS MUTETEKE, 1960 TALL TREE DRIVE NE ATLANTA, GA 30324	PUBLIC HEALTH SERVICES	171,559
NANDITA MURUKUTLA 4022 N RUSHWOOD CIR WICHITA, KS 67226	GLOBAL POLICY AND RESEARCH	155,500
DR TIMUR BAZIKOV, 162D SHEVCHENKO ST APT 37 ALMATY KZ	PUBLIC HEALTH SERVICES	106,560

Form 990 (2017)

Part VIII Statement of RevenueCheck 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	595				
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,807,546				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	164,173,966				
	g Noncash contributions included in lines 1a-1f \$ _____		101,174				
	h Total. Add lines 1a-1f ▶		174,982,107				
Program Service Revenue		Business Code					
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		209,043			209,043	
	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	101,174					
	b Less cost or other basis and sales expenses	101,174					
	c Gain or (loss)	0					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a OTHER REVENUE	900099	9,196			9,196		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		9,196					
12 Total revenue. See Instructions ▶		175,200,346	0	0	218,239		

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 domestic organizations and domestic governments. See Part IV, line 21.	3,725,608	3,725,608		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	43,829,944	43,829,944		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,663,940	1,710,154	862,063	91,723
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.	7,815,588	5,049,554	2,496,841	269,193
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	295,223	173,392	111,713	10,118
9 Other employee benefits.	1,304,491	766,159	493,624	44,708
10 Payroll taxes.	875,973	514,480	331,471	30,022
11 Fees for services (non-employees):				
a Management.				
b Legal.	878,993	616,360	259,689	2,944
c Accounting.	76,753	53,820	22,676	257
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).	10,585,566	9,534,830	819,400	231,336
12 Advertising and promotion.	17,273	12,649	4,367	257
13 Office expenses.	459,010	319,359	135,915	3,736
14 Information technology.	212,699	158,247	53,453	999
15 Royalties.				
16 Occupancy.	966,912	604,495	316,201	46,216
17 Travel.	3,604,712	3,233,436	343,779	27,497
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	678,754	612,957	65,567	230
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	38,061		38,061	
23 Insurance.	174,201	114,381	59,820	
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 PROJECT SUPPLIES/EQUIPM	958,731	887,757	68,902	2,072
b ADMIN /PROGRAM COSTS	395,920	289,944	100,111	5,865
c SUBSCRIPTIONS,REFERENCE	213,588	156,417	54,007	3,164
d TRAINING AND RECRUITMEN	140,649	75,434	64,167	1,048
e All other expenses	101,562	65,513	34,262	1,787
25 Total functional expenses. Add lines 1 through 24e.	80,014,151	72,504,890	6,736,089	773,172
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,716,645	1	2,769,445
	2 Savings and temporary cash investments	9,241,335	2	40,448,426
	3 Pledges and grants receivable, net	17,393,696	3	82,749,392
	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	166,870	9	471,439
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 763,473		
	b Less: accumulated depreciation	10b 682,481	113,002	10c 80,992
	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	23,887	15	2,267,660
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,655,435	16	128,787,354	
Liabilities	17 Accounts payable and accrued expenses	1,017,090	17	729,870
	18 Grants payable	5,758,017	18	4,895,037
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	271,006	21	260,796
	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	582,419	25	541,773
	26 Total liabilities. Add lines 17 through 25	7,628,532	26	6,427,476
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,972,885	27	-2,981,350
	28 Temporarily restricted net assets	29,999,788	28	125,341,228
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	25,026,903	33	122,359,878
34 Total liabilities and net assets/fund balances	32,655,435	34	128,787,354	

Part XI Reconciliation of Net AssetsCheck 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	175,200,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,014,151
3	Revenue less expenses Subtract line 2 from line 1	3	95,186,195
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,026,903
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	2,146,780
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,359,878

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

Form 990 (2017)

Form 990, Part III, Line 4a:

TOBACCO CONTROL THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE IS WORKING TO IMPLEMENT PROVEN TOBACCO CONTROL POLICIES AROUND THE WORLD IT AIMS TO REDUCE THE GLOBAL DEMAND FOR TOBACCO THROUGH A COMPREHENSIVE, PROVEN APPROACH THAT COMBINES POLICY CHANGE WITH INCREASED PUBLIC AWARENESS IN 2017, VITAL STRATEGIES ADVANCED CRITICAL TOBACCO CONTROL POLICIES ACROSS 10 COUNTRIES AND SIGNIFICANTLY INFLUENCED STANDARDS AND PRACTICE GLOBALLY AS A RESULT, HUNDREDS OF MILLIONS MORE PEOPLE ARE PROTECTED BY NEW OR STRENGTHENED MPOWER POLICIES, MILLIONS HAVE QUIT SMOKING AS A DIRECT RESULT OF OUR CAMPAIGNS, WE KNOW MORE ABOUT HOW TO GAIN TRACTION ON TAX CAMPAIGNS AND EXPOSE TOBACCO INDUSTRY TACTICS, AND WE HAVE BUILT STRONGER PUBLIC SUPPORT ON- AND OFFLINE FOR NEW INTERVENTIONS IN 2017, VITAL STRATEGIES SUPPORTED 38 BEST-PRACTICE MEDIA CAMPAIGNS IN 10 COUNTRIES WHILE GARNERING SIGNIFICANT GOVERNMENT INVESTMENT GOVERNMENT PARTNERS PROVIDED FUNDS OR IN-KIND DONATIONS TOTALING MORE THAN \$4 MILLION AND CONTRIBUTED IN EVERY COUNTRY WHERE WE DID A CAMPAIGN SYNERGIZED WITH OTHER ADVOCACY PARTNER ACTIVITIES, THESE CAMPAIGNS HELPED TO ACHIEVED CRITICAL POLICY WINS WE'RE ALSO LEVERAGING COMMUNITIES AND RELATIONSHIPS WITH KEY LOCAL ORGANIZATIONS SUCH AS THE WOMEN'S UNION IN VIETNAM TO ADVANCE SMOKE-FREE POLICY AND DEMONSTRATE BOTH HIGH-LEVEL AND VOCAL PUBLIC SUPPORT FOR TAX INCREASES TO GUIDE OUR CAMPAIGNS, WE ENGAGED IN 2017 IN DATA-DRIVEN RESEARCH WITH GOVERNMENT OFFICIALS, KEY STAKEHOLDERS AND THE GENERAL PUBLIC IN COUNTRIES TO LEARN WHAT TYPES OF MESSAGES ARE MOST LIKELY TO GROW SUPPORT OF TAX POLICIES AND EXPOSE THE TOBACCO INDUSTRY'S NEFARIOUS BEHAVIOR VITAL STRATEGIES GAVE SUB GRANTS TO ORGANIZATIONS TO CONTRIBUTE TOWARDS BUILDING THE MOVEMENT FOR GLOBAL TOBACCO CONTROL THROUGH ITS FOCUS LEGISLATIVE AND POLICY OUTCOMES ACROSS MPOWER MEASURES, INDUSTRY INTERFERENCE AND TOBACCO CONTROL SUSTAINABILITY THERE WERE MAJOR STRIDES MADE BY OUR PARTNER ORGANIZATION THE UNION IN THE PROMOTION AND ADOPTION OF WHO FCTC COMPLIANT LEGISLATION AT BOTH NATIONAL AND SUBNATIONAL LEVELS TAX THE UNION HELP WITH BUILDING THE CAPACITY OF OFFICIALS AT THE MINISTRY OF HEALTH, MINISTRY OF FINANCE, OTHER MINISTRIES, AND PARLIAMENTARIANS ON TOBACCO TAX IN BOTH VIETNAM AND INDONESIA POLICY RECOMMENDATIONS WERE DEVELOPED FOR THE MOH IN INDONESIA A DRAFT TAX BILL WAS DEVELOPED WITH THE UNION'S HELP FOR THE MOF IN VIETNAM THE UNION ALSO WORKED CLOSELY WITH BLOOMBERG PARTNERS IN DEVELOPING TAX MODELS FOR THE MOF IN VIETNAM IN INDIA, THE UNION WORKS WITH GRANTEEES IN MONITORING THE PRICE AND TAX CHANGES FOR TOBACCO PRODUCTS INCURRED BY THE INTRODUCTION OF GST IN PAKISTAN, THE UNION ENGAGED MOH IN TAX DISCUSSION THROUGH HIRING A TAX CONSULTANT FOR MOH AND COORDINATED WITH MOH AND BI PARTNERS AND ENSURED THAT THE RECOMMENDATIONS FROM BOTH SIDES ALIGN WITH EACH OTHERS SMOKE-FREE SMOKE-FREE REMAINS A PRIORITY POLICY AREA FOR THE UNION IN 2017 IN CHINA, THE NATIONAL SMOKE-FREE LAW WAS FIERCELY OPPOSED BY THE TOBACCO INDUSTRY AND THE LEGISLATIVE PROCESS CAME TO A HALT IN 2017 ANOTHER MAJOR POLICY FOCUS IN 2017 FOR CHINA IS THE NATIONAL HEALTH PROMOTION LAW, WHICH IS A GENERAL PUBLIC HEALTH LAW AND INCLUDES TOBACCO CONTROL PROVISIONS, PARTICULARLY SMOKE-FREE THE UNION HELPED CHINA CDC IN DRAFTING THE TOBACCO CONTROL PROVISIONS IN THE HEALTH PROMOTION LAW THE REVIEW AND DEBATE AROUND THE LAW WILL CONTINUE INTO 2018 CONSIDERABLE PROGRESS IN SMOKE-FREE HAS BEEN MADE AT THE SUB-NATIONAL LEVEL IN CHINA TWO CITIES SHENZHEN AND LANZHOU, WITH A COMBINED POPULATION OF 16 MILLION, BECAME 100% SMOKE-FREE IN 2017 HANGZHOU AND GUANGZHOU, WITH A COMBINED POPULATION OF 24 MILLION, HAVE MADE IMPRESSIVE PROGRESS IN BUILDING POLITICAL MOMENTUM AND THE AMENDMENTS OF BOTH SMOKE-FREE LAWS ARE EXPECTED TO BE PASSED IN 2018 SEVEN JURISDICTIONS IN INDIA WITH A TOTAL POPULATION OF 15 MILLION WERE DECLARED SMOKE-FREE IN 2017 FIVE SUBNATIONAL JURISDICTIONS IN INDONESIA WITH A TOTAL POPULATION OF 7 MILLION ADOPTED A SMOKE-FREE POLICY IN 2017 IN PAKISTAN, THE UNION LAUNCHED A PROJECT TO REPLICATE THE SUCCESSFUL SMOKE-FREE ISLAMABAD MODEL IN 5 DISTRICTS IN PUNJAB WITH THE HELP OF THE UNION GRANTEE ASH PHILIPPINES, THE EXECUTIVE ORDER ON SMOKE-FREE ENVIRONMENT WAS ISSUED BY THE PRESIDENT AND AN ADMINISTRATIVE ORDER WAS RELEASED BY THE MOH IN 2017 GEORGIA AND BENIN BECAME 100% SMOKE-FREE COUNTRIES AFTER THE COMPREHENSIVE TOBACCO CONTROL LAW WAS PASSED IN 2017 PHW AND PLAIN PACKAGING THE MOMENTUM IN IMPLEMENTING PHW IN COUNTRIES WE WORK IN HAS BEEN STRONG IN 2017 NEPAL BECAME ONE OF THE INTERNATIONAL BEST PRACTICES IN PHW WHEN IT ADOPTED THE POLICY FOR 90% PHW IN EARLY 2017 OTHER COUNTRIES THAT PASSED LAWS REQUIRING PHW IN 2017 INCLUDE MYANMAR (75%), CAMBODIA (55%), GEORGIA (65%), AND BENIN (50%) THE BANGLADESH MINISTRY OF HEALTH ISSUED AN ORDER TO REQUIRE PICTORIAL HEALTH WARNINGS TO BE PLACED ON THE UPPER PART OF THE PACK RATHER THAN THE LOWER PART AS ACCORDING TO THE 2016 INTERIM ORDER THE PAKISTAN FEDERAL CABINET DECIDED TO IMPLEMENT A 50% PICTORIAL HEALTH WARNING STARTING FROM JUNE 2018 AND THEN 60% FROM JUNE 2019 PROGRESS HAS BEEN MADE IN THE PUSH FOR PLAIN PACKAGING IN BRAZIL AND URUGUAY INCA IN BRAZIL BUILT LEGAL AND TECHNICAL FOUNDATION FOR THE PROPOSED PLAIN PACKAGING BILL BY PRODUCING AN EXPERT OPINION ON THE CONSTITUTIONALITY OF THE POLICY BEFORE THE CONGRESS THE URUGUAY GOVERNMENT SUBMITTED A PLAIN PACKAGING PROPOSAL TO THE CONGRESS, WHICH IS EXPECTED TO BE APPROVED IN THE FIRST HALF OF 2018 ONCE PASSED, URUGUAY WILL HAVE THE WORLD'S MOST COMPREHENSIVE SET OF RESTRICTIONS ON TOBACCO BRANDING WITH ITS EXISTING SINGLE PRESENTATION REGULATION POSITIVE DEVELOPMENT TOOK PLACE IN CHILE THAT THE COMPREHENSIVE REFORM TO THE GENERAL LAW FOR TOBACCO CONTROL WITH A PLAIN PACKAGING COMPONENT HAS ALREADY BEEN APPROVED BY THE SENATE AND IS PENDING AT THE HOUSE OF REPRESENTATIVES TAPS BAN IN INDONESIA, AN AMENDMENT OF THE NATIONAL BROADCASTING LAW THAT INCLUDES A BAN ON TOBACCO ADVERTISING AND PROMOTION IS BEING DISCUSSED BY THE PARLIAMENTARY LEGISLATIVE COMMITTEE JAKARTA ACHIEVED MORE THAN 95% COMPLIANCE IN BANNING TOBACCO ADVERTISING AND PROMOTION IN 2017 BOGOR CITY BECAME THE FIRST CITY IN INDONESIA TO HAVE IMPLEMENTED A LOCAL BAN ON DISPLAY OF CIGARETTE PACKS AT POINT OF SALE GEORGIA AND BENIN BANNED ALL TAPS IN THE COUNTRY THROUGH THE NATIONAL TOBACCO CONTROL LAWS PASSED IN 2017 TOBACCO INDUSTRY INTERFERENCE TOBACCO INDUSTRY INTERFERENCE CONTINUES TO BE THE MAIN CHALLENGE FOR TOBACCO CONTROL POLICY MAKING ACROSS ALL THE COUNTRIES THE UNION WORKS IN TO ADDRESS THIS, 5 STATES IN INDIA HAVE PASSED 5 3 POLICIES WITH THE UNION'S SUPPORT THE UNION HAS ALSO HELPED THE MOHS IN INDIA, BANGLADESH, AND MEXICO DEVELOP DRAFT 5 3 POLICIES THANKS TO THE EFFORT TO SENSITIZE GOVERNMENT OFFICIALS BY THE UNION'S NGO GRANTEEES IN BANGLADESH, THE CABINET, THE MAYOR OF DHAKA SOUTH CITY CORPORATION, AND A UNIVERSITY HAVE ALL DISTANCED THEMSELVES FROM A MAJOR CSR EVENT ORGANIZED BY BAT IN 2017 THE UNION HAS HELPED ESTABLISH THREE TOBACCO INDUSTRY OBSERVATORIES IN BRAZIL, SOUTH AFRICA, AND SRI LANKA THESE OBSERVATORIES PROVIDE INTELLIGENCE ON INDUSTRY ACTIVITIES TO REGIONAL AND COUNTRY TOBACCO CONTROL ADVOCATES AN EMERGING CHALLENGE IN 2017 IS THE LAUNCH OF THE FOUNDATION FOR A SMOKE-FREE WORLD BY PHILIP MORRIS INTERNATIONAL THE UNION HAS BEEN WORKING CLOSELY WITH BI AND PARTNERS IN DISCUSSING JOINT COMMUNICATIONS STRATEGY A LETTER TO ALL PAST, PRESENT, AND FUTURE GRANTEEES OF THE UNION AND TFK WAS SENT ADVISING ON THE POSITION WE TAKE TOWARD THIS FOUNDATION AS THE SECRETARIAT OF THE WCTOH, WE DEVELOPED A POSITION STATEMENT IN COLLABORATION WITH PARTNERS FOR THE CONFERENCE ON THIS FOUNDATION COUNTRY LEADS HAVE ACTIVELY COLLECTED INFORMATION ON THE OUTREACH AND ACTIVITIES OF THE FOUNDATION AND ADVISED THE UNION'S COLLABORATORS AND GRANTEEES NOT TO WORK WITH THE FOUNDATION NOTABLY, THE MOHS IN INDONESIA AND VIETNAM BOTH ISSUED NOTICES TO OTHER MINISTRIES, AGENCIES, AND SUBNATIONAL JURISDICTIONS ADVISING NOT TO COLLABORATE WITH THE FOUNDATION

Form 990, Part III, Line 4b:

RESOLVE GLOBAL CARDIOVASCULAR HEALTH AND PUBLIC HEALTH INFRASTRUCTURE INITIATIVES, ALSO KNOWN AS RESOLVE TO SAVE 100 MILLION LIVES AND RESOLVE TO PREVENT EPIDEMICSPROJECT GOALS FOR THESE INITIATIVES INCLUDE - CARDIOVASCULAR HEALTH INITIATIVE CATALYZE PROGRESS REDUCING THE BURDEN OF CARDIOVASCULAR DISEASE IN LOW- AND MIDDLE- INCOME COUNTRIES - PREVENTING EPIDEMICS (PUBLIC HEALTH INFRASTRUCTURE) INITIATIVE REDUCE RISK OF EPIDEMICS BY STRENGTHENING CAPACITY OF LOW- AND MIDDLE-INCOME COUNTRIES TO DETECT, RESPOND TO, AND PREVENT HEALTH THREATS THE FOLLOWING SUMMARIZES PROGRESS, INCLUDING BUILDING A GREAT TEAM AND LAUNCHING KEY PARTNERSHIPS OF PARTICULAR NOTE REGARDING PROGRESS IN THE FIRST YEAR - RAPID PROGRESS IMPROVING GLOBAL RECOMMENDATIONS AND POLICY FOR HYPERTENSION TREATMENT AND INCREASING THE ACCOUNTABILITY OF TREATMENT PROGRAMS, WITH PATIENTS BEING TREATED IN 3 STATES OF INDIA UNDER THE NEW STRATEGY - GLOBAL LAUNCH OF REPLACE, AN ACTION PACKAGE TO ELIMINATE ARTIFICIAL TRANS-FATS FROM THE GLOBAL FOOD SUPPLY BY 2023, WITH NEW COMMITMENTS MADE BY THAILAND (2019 TARGET DATE) AND INDIA (2022 TARGET DATE) - PROGRESS INCREASING ACCOUNTABILITY FOR PREVENTING EPIDEMICS, ADVANCING UNDERSTANDING OF THE NEED TO STEP UP PREPAREDNESS IN SPECIFIC CAPACITIES AND LAUNCH OF A WEBSITE TO HELP ACCELERATE PROGRESS DOING SO PROJECT OUTCOMESKEY ORGANIZATIONAL AND PROGRAMMATIC GOALS WERE REACHED THAT DEMONSTRATE THE PROGRESS OF RESOLVE TO SAVE LIVES AND ITS INITIATIVES, AS SUMMARIZED BELOW 1 STAFFINGA ONBOARD CORE STAFF (AT LEAST TEAM LEADS OR ONE OTHER FOR THE THREE KEY COMPONENTS OF OPERATIONS, CARDIOVASCULAR HEALTH, AND PUBLIC HEALTH INFRASTRUCTURE, AND TEAM LEADS FOR INDIA AND CHINA) TARGET DATE END OF FIRST QUARTER OF GRANT - ACHIEVEDB NODAL STAFF FROM V/S PLACED AT SUB-GRANT ENTITIES TARGET DATE END OF SECOND QUARTER OF GRANT - ACHIEVED2 CONTRACTUAL ARRANGEMENTS - SUB-AGREEMENTS SIGNED WITH AT LEAST TWO MAJOR PARTNERS TARGET DATE END OF SECOND QUARTER OF GRANT - ACHIEVED3 SURVEILLANCEA INITIATION OF SURVEILLANCE FOR TRANS-FAT CONSUMPTION IN INDIA TARGET DATE END OF FIRST QUARTER OF GRANT - ACHIEVEDB ESTABLISHMENT OF STANDARDS FOR SURVEILLANCE OF SODIUM AND TRANS-FAT CONSUMPTION TARGET DATE END OF THIRD QUARTER OF GRANT - ACHIEVED (4TH QUARTER)C ESTABLISHMENT OF STANDARDS FOR CLINICAL AND COMMUNITY SURVEILLANCE OF BLOOD PRESSURE CONTROL TARGET DATE END OF THIRD QUARTER GRANT - ACHIEVED (4TH QUARTER)4 POLICY - ESTABLISHMENT OF GUIDELINES AND PROTOCOLS FOR MANAGEMENT OF HYPERTENSION IN PRIMARY CARE TARGET DATE END OF THIRD QUARTER GRANT - ACHIEVED5 ADVOCACY FOR PUBLIC HEALTH INFRASTRUCTURE STRENGTHENING - LAUNCH OF WEBSITE WITH CLEAR PRESENTATION OF INDEPENDENT EVALUATIONS OF COUNTRY PREPAREDNESS TARGET DATE END OF THIRD QUARTER OF GRANT (MARCH 31, 2018) - ACHIEVED (4TH QUARTER)BUILDING AN EXCEPTIONAL TEAM (STAFFING)LAUNCHED IN MID-2017, RESOLVE TO SAVE LIVES LED A SUCCESSFUL RECRUITMENT EFFORT AND FULLY STAFFED ITS CORE TEAMS FOR THE CARDIOVASCULAR HEALTH AND PREVENT EPIDEMICS INITIATIVES WITHIN THE FIRST SIX MONTHS THREE OF THE FOUR LEAD POSITIONS WERE FILLED BY SEPTEMBER 30, WITH THE REMAINING SENIOR TEAM LEAD (PREVENT EPIDEMICS) FILLED IN FEBRUARY 2018 BOTH TEAMS, WHICH CURRENTLY INCLUDE 19 CORE PERSONNEL, ARE STAFFED WITH SUBJECT MATTER EXPERTS WHO POSSESS NOTEWORTHY EXPERTISE IN THEIR AREAS OF SPECIALIZATION KEY PARTNERSHIPS (CONTRACTUAL AGREEMENTS)RESOLVE TO SAVE LIVES ENTERED INTO PARTNERSHIPS WITH LEADING GLOBAL ORGANIZATIONS ACROSS THE TWO INITIATIVES TO TAKE ON ROLES RELATED TO TECHNICAL ASSISTANCE, ADVOCACY, SURVEILLANCE, TRAINING, AND IMPLEMENTATION SCIENCE KEY PARTNERS INCLUDE THE WORLD HEALTH ORGANIZATION, THE WORLD BANK, CAMPAIGN FOR TOBACCO FREE KIDS/GLOBAL HEALTH ADVOCACY INCUBATOR, THE CDC FOUNDATION, AND JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH CONTRACTS WERE EXECUTED CLOSE TO ANTICIPATED TIMEFRAMES (FIGURE 1), ALLOWING FOR A RAPID START OF ACTIVITIES WE HAVE EXPERIENCED CHALLENGES WITH TWO PARTNERS THE GLOBAL HEALTH ADVOCACY INCUBATOR (GHA) HAS HAD A SLOW START, AND WE WILL MONITOR THEIR PERFORMANCE CLOSELY IN THE COMING MONTHS AND MAY ADJUST THEIR BUDGET ACCORDINGLY WE ARE ALSO EXPLORING ALTERNATIVES FOR FULFILLING THE FUNCTIONS WE HAD ENVISIONED FOR GHA IF NECESSARY IN ADDITION, CDC HAS UNDERGONE SIGNIFICANT ORGANIZATIONAL CHANGE, AND THEIR ABILITY TO DELIVER ANTICIPATED SERVICES IS UNCLEAR THEIR SUB-GRANT AGREEMENT HAS BEEN MODIFIED ACCORDINGLY, AND FUTURE FUNDING WILL DEPEND ON THEIR PERFORMANCE IN THIS YEAR CARDIOVASCULAR HEALTH INITIATIVE THE GLOBAL CARDIOVASCULAR HEALTH INITIATIVE LAUNCHED ON SEPTEMBER 12, 2017, WITH A FOCUS ON THREE COMPONENTS TRANS-FAT ELIMINATION, SODIUM REDUCTION, AND IMPROVED HYPERTENSION CONTROL IN THIS FIRST YEAR, RESOLVE TO SAVE LIVES IS SUPPORTING CARDIOVASCULAR HEALTH EFFORTS THAT HAVE BEEN LAUNCHED IN OUR TWO HIGHEST PRIORITY COUNTRIES, INDIA AND CHINA, AS WELL AS IN THAILAND INITIAL ACTIVITIES ARE UNDERWAY IN ETHIOPIA, TURKEY, VIETNAM, WITH PROGRAMS UNDER CONSIDERATION IN BANGLADESH AND NIGERIA THE INDIA HYPERTENSION MANAGEMENT INITIATIVE OFFICIALLY LAUNCHED ON NOVEMBER 28, 2017, IN COLLABORATION WITH THE MINISTRY OF HEALTH AND FAMILY WELFARE, STATE GOVERNMENTS IN INDIA, THE INDIAN COUNCIL OF MEDICAL RESEARCH, AND WHO INDIA THE PROGRAM IS NOW ACTIVE IN THREE STATES (PUNJAB, MADHYA PRADESH, AND KERALA) AND WILL EXPAND TO 2 ADDITIONAL STATES (MAHARASHTRA AND TELANGANA) IN JULY/AUGUST 2018 IN CHINA, RESOLVE TO SAVE LIVES, THROUGH PARTNERSHIPS WITH THE BEIJING LISHENG CARDIOVASCULAR HEALTH FOUNDATION AND PROJECT HOPE, IS PROVIDING TECHNICAL ASSISTANCE ON A \$600 MILLION WORLD BANK LOAN THAT HAS BEEN MATCHED BY A \$3.5 BILLION INVESTMENT FROM CHINA TO IMPROVE PRIMARY CARE IN ANHUI AND FUJIAN PROVINCES WITH A FOCUS ON HYPERTENSION TREATMENT ALONG WITH PROGRAMS IN SHANDONG AND HENAN PROVINCES, IMPROVED TREATMENT PROGRAMS COULD POTENTIALLY BE AVAILABLE TO A POPULATION OF MORE THAN 300 MILLION IN 2018 WE LEARNED THAT AN ELECTRONIC HEALTH INFORMATION SYSTEM WILL BE EXTREMELY IMPORTANT TO THE SUCCESS OF TREATMENT OF HYPERTENSION MORE IMPORTANT THAN PREVIOUSLY BEEN RECOGNIZED IN NOVEMBER 2017, WE CONVENED 40 OF THE WORLD'S LEADING DIGITAL HEALTH AND HYPERTENSION TREATMENT EXPERTS WITH THE GOAL OF IDENTIFYING A SIMPLE, USABLE, FREE, OPEN-SOURCE, AND SCALABLE IT TOOL THAT CAN BE WIDELY AND RAPIDLY DEPLOYED TO IMPROVE HYPERTENSION MANAGEMENT THIS WAS FOLLOWED BY THE RECRUITMENT AND HIRING OF AN EXCEPTIONAL DIGITAL TEAM TASKED WITH BUILDING A DIGITAL PLATFORM A PROTOTYPE PLATFORM FOR HYPERTENSION MANAGEMENT HAS BEEN DEVELOPED AND WILL BE TESTED IN INDIA IN SUMMER 2018 TRANS-FATIN PARTNERSHIP WITH THE WORLD HEALTH ORGANIZATION, ON MAY 14, 2018, RESOLVE TO SAVE LIVES LAUNCHED REPLACE, A 6-COMPONENT TECHNICAL PACKAGE FOR GLOBAL ELIMINATION OF ARTIFICIAL TRANS-FAT FROM FOOD THE LAUNCH RECEIVED HEAVY COVERAGE IN MEDIA WORLDWIDE, WITH MORE THAN 36 UNIQUE STORIES IN TOP-TIER PUBLICATIONS DURING THE FIRST 24 HOURS, INCLUDING THE NEW YORK TIMES, THE FINANCIAL TIMES, ASSOCIATED PRESS, REUTERS AND LE MONDE IN THE AREA OF ARTIFICIAL TRANS-FAT ELIMINATION IN INDIA, WE CONDUCTED PRELIMINARY TESTING OF SAMPLES OF HUMAN SERUM AND BEGAN TECHNOLOGY TRANSFER TO INDIA FOR FUTURE TESTING OF STORED SAMPLES, AND WORKED WITH INDIA'S REGULATORY AUTHORITY, WHICH HAS NOW COMMITTED TO THE ELIMINATION OF ARTIFICIAL TRANS-FAT BY 2023 POLICYTHE CARDIOVASCULAR HEALTH INITIATIVE MADE SURPRISINGLY RAPID PROGRESS ADVANCING KEY POLICY AND PROTOCOLS ON SEPTEMBER 29, 2017, WHO AND RESOLVE TO SAVE LIVES PRODUCED THE FIRST-EVER PRACTICAL, PRECISE ALGORITHMS FOR TREATMENT OF HYPERTENSION AS WELL AS A NEW ACCOUNTABILITY FRAMEWORK IN JANUARY 2018, THE WORLD HEALTH ORGANIZATION EXECUTIVE BOARD APPROVED TARGETS TO ELIMINATE ARTIFICIAL TRANS-FAT FROM FOOD, INCREASE TREATMENT OF HYPERTENSION BY 230 MILLION PEOPLE, AND REDUCE DIETARY SODIUM BY 25% BY 2023 IN MAY 2018, THE GOVERNMENT OF THAILAND ANNOUNCED A COMMITMENT TO ELIMINATE ARTIFICIAL TRANS-FAT FROM FOOD BY 2019 THE GOVERNMENT ALSO CONVENED MANUFACTURERS OF VARIOUS FOOD PRODUCTS INCLUDING NOODLES (A MAJOR CONTRIBUTOR TO DIETARY SODIUM IN THAILAND), WHICH COMMITTED TO REDUCING SODIUM BY 5% IN THE FIRST YEAR AND MORE IN FOLLOWING YEARS ADVOCACY FOR PUBLIC HEALTH INFRASTRUCTURE STRENGTHENING ON JUNE 22, 2018, WE LAUNCHED A COMMUNICATIONS PLATFORM TO INCREASE TRANSPARENCY, ACCOUNTABILITY, AND PROGRESS IN REDUCING THE RISK OF EPIDEMICS THE PREVENT EPIDEMICS WEBSITE (WWW.PREVENTEPIDEMICS.ORG) FEATURES A UNIQUE READYScore THAT RELAYS, ON A SCALE FROM 0 TO 100, HOW PREPARED EACH COUNTRY IS FOR AN EPIDEMIC COUNTRY-SPECIFIC PAGES PROVIDE USERS INFORMATION ON WHAT A COUNTRY IS DOING WELL, AND WHAT NEEDS TO IMPROVE, AS WELL AS TAILORED ADVOCACY PACKAGES TO MOTIVATE LEADERS TO MAKE HEALTH SECURITY A PRIORITY

Form 990, Part III, Line 4c:

DATA FOR HEALTH THE BLOOMBERG DATA FOR HEALTH INITIATIVE AIMS TO, IN FOUR YEARS, IMPROVE HEALTH DATA FOR POLICY MAKING FOR OVER 1 BILLION PEOPLE IN 20 LOW- AND MIDDLE INCOME COUNTRIES AND CITIES AS PART OF THE INITIATIVE, BLOOMBERG PHILANTHROPIES ISSUED A GRANT TO VITAL STRATEGIES, AN USA-BASED AFFILIATE OF THE INTERNATIONAL UNION FOR TUBERCULOSIS AND LUNG DISEASE, ON MARCH 30, 2015 THE GOAL OF THE GRANT IS TO HELP COUNTRIES (I) IMPROVE BIRTH AND DEATH CERTIFICATE SYSTEMS, (II) CONDUCT EFFICIENT PUBLIC HEALTH SURVEYS TO MONITOR MAJOR RISK FACTORS FOR EARLY DEATH AND (III) SUPPORT GOVERNMENTS TO STRATEGICALLY USE PUBLIC HEALTH DATA TO INFORM POLICY PRIORITIES UNDER THE GRANT VITAL STRATEGIES IS REQUIRED TO (I) COORDINATE THE SELECTION PROCESS FOR 20 COUNTRIES AND CITIES IN THE INITIATIVE, (II) LEAD IMPLEMENTATION MANAGEMENT FOR THE STRENGTHENING OF BIRTH, DEATH, AND CAUSE-OF-DEATH DATA IN THE CIVIL REGISTRATION AND VITAL STATISTICS (CRVS) COMPONENT OF THE PROGRAM, (III) LEAD DESIGN AND IMPLEMENTATION OF A SPECIAL, RURAL CRVS PROJECT IN MALAWI THAT BUILDS ON SUCCESSFUL WORK PREVIOUSLY SUPPORTED BY BLOOMBERG PHILANTHROPIES AND (IV) LEAD DESIGN AND IMPLEMENTATION OF THE DATA USE COMPONENT OF THE PROGRAM IN 2017, ACROSS THE COMPONENTS OF THE DATA FOR HEALTH INITIATIVE, VITAL STRATEGIES SUCCESSFULLY (I) COMPLETED ENROLLMENT OF 20 COUNTRIES AND CITIES BY MID-2017, (II) SUCCESSFULLY COMPLETED PHASE II WORK PLANS FOR ALL ENROLLED COUNTRIES AND CITIES, (II) TRAINED MORE THAN 14,000 DOCTORS, NURSES, COMMUNITY HEALTH WORKERS, GOVERNMENT OFFICIALS AND JOURNALISTS ON TOPICS RANGING FROM MEDICAL CODING FOR CAUSE OF DEATH CERTIFICATION, VERBAL AUTOPSY, USING DATA TO INFORM POLICY AND DATA-LED JOURNALISM SPECIFIC EXAMPLES OF KEY ACHIEVEMENTS ACROSS THE 20 ENROLLED COUNTRIES ARE AS FOLLOWS - BANGLADESH D4H HELPED INITIATE VERBAL AUTOPSY FOR THE FIRST TIME IN BANGLADESH TO DETERMINE CAUSE OF DEATH IN THE COMMUNITY WHERE THERE IS NO HEALTH FACILITY MORE THAN 7,600 VERBAL AUTOPSIES HAVE BEEN CONDUCTED IN SIX SUB-DISTRICTS IN 2017 - PERU SISTEMA INFOMATICO NACIONAL DE DEFUNCIONES (SINADEF), AN ONLINE DEATH NOTIFICATION SYSTEM, RECEIVED THE HIGHEST LEVEL OF SUPPORT FROM THE MINISTER OF HEALTH AS A CRITICAL SYSTEM TO IMPROVING THE QUALITY OF BIRTH AND DEATH STATISTICS IN PERU SINADEF HAS EFFECTIVELY BEEN INTEGRATED IN TO THE PERUVIAN CRVS SYSTEM AND HAS ACHIEVED NEAR NATIONAL-LEVEL SCALE 100% OF EXPECTED DEATHS ARE NOW BEING REPORTED FROM HOSPITALS THAT USE THE SINADEF ONLINE CAUSE OF DEATH CERTIFICATION SYSTEM, COMPARED TO A NATIONAL AVERAGE OF 78% AT BASELINE - RWANDA INTERNATIONAL MEDICAL CERTIFICATE OF CAUSE OF DEATH ADOPTED BY MINISTRY OF HEALTH AND ROLLED OUT NATIONWIDE TO ALL PUBLIC AND PRIVATE HEALTH FACILITIES FOR THE FIRST TIME 100% (700 PHYSICIANS) IN-SERVICE PHYSICIANS HAVE BEEN TRAINED ON HOW TO CORRECTLY COMPLETE A MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCOD) ADDITIONALLY, VITAL STRATEGIES CONTINUED TO WORK TO MAINTAIN A FOCUSED, INNOVATIVE APPROACH TO RURAL DEATH REGISTRATION IN MALAWI IN 2017 302 BIRTHS AND 80 DEATHS WERE RECORDED USING ELECTRONIC VILLAGE REGISTRATION (EVR) FROM A TOTAL POPULATION OF 48,654 IN THE TRADITIONAL AUTHORITY MTEMA RENOVATIONS OF THE NATIONAL REGISTRATION BUREAU OFFICE SPACE STARTED IN EARLY 2017 WERE COMPLETED BY YEAR END, ALLOWING THE GOVERNMENT ENTITY TO BETTER SERVE ITS CONSTITUENTS VITAL STRATEGIES ALSO PROVIDED NRB WITH A VEHICLE TO SUPPORT THE REPORTING OF BIRTHS IN-COUNTRY LASTLY, IN 2017, VITAL STRATEGIES CONTINUED TO WORK WITH COUNTRIES TO STRENGTHEN PRACTICES, STRUCTURES AND POLICIES TO INSTITUTIONALIZE CONSISTENT, WIDESPREAD, HIGH-QUALITY DATA USE IN MINISTRIES OF HEALTH AND HEALTH DEPARTMENTS DURING THE YEAR TOOLS AND PROCEDURES TO DELIVER DATA TO HEALTH MINISTRY LEADERS TO HELP THEM MAKE MORE INFORMED DECISIONS WERE DEVELOPED IN EIGHT COUNTRIES, WITH AN ADDITIONAL TWO COUNTRIES CREATING UNITS EXPRESSLY RESPONSIBLE FOR MAINTAINING HIGH DATA USE STANDARDS AND/OR FOR PROVIDING ADVANCED ANALYTIC SUPPORT AND ANOTHER TWO COUNTRIES DRAFTING STANDARDS AND POLICIES THAT PROMOTE THE RELEASE, SHARING, TIMELINESS, AND CONFIDENTIALITY OF PUBLIC HEALTH DATA WORK WAS ALSO COMPLETED IN THE DEVELOPMENT OF DATA-DRIVEN PRODUCTS TO HELP TEN COUNTRIES ENHANCE THEIR DATA-DRIVEN HEALTH REPORTS AND THREE COUNTRIES ARE BEING AIDED IN THE DEVELOPMENT OF ONLINE DATA PORTALS TO MAKE DATA ACCESSIBLE TO THE PUBLIC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JOSE LUIS CASTRO PRESIDENT & CEO	40 00	X		X				257,500	0	10,478
LOUIS JAMES DE VIEL CASTEL CHAIRMAN	2 00	X		X				0	0	0
ANDREW S RENDEIRO VICE CHAIR FOR OPERATIONS	3 00	X		X				0	0	0
MARC SZNAJDERMAN VICE CHAIR FOR PROGRAMS	3 00	X		X				0	0	0
ERIC ROSENBAUM SECRETARY	3 00	X		X				0	0	0
SCOTT HALSTEAD TREASURER	4 00	X		X				0	0	0
PETER A BALDINIEXOFFICIOSR ADVISOR,BUS DEVELP(VOTING TILL 10/17)	40 00	X		X				225,000	0	0
NEIL W SCHLUGER EX OFFICIOSR ADVISOR,SCI &EDU (VOTING TILL 10/17)	3 00	X		X				0	0	0
HELEN AGERUP TRUSTEE	2 00	X						0	0	0
DAVID A CAPUTO TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
E JANE CARTER MD TRUSTEE	2 00	X						0	0	0
CHRIS CASTAGNA TRUSTEE	2 00	X						0	0	0
FRANK G COLELLA JD LL.M. CPA TRUSTEE	2 00	X						0	0	0
ROZ FEDER TRUSTEE	2 00	X						0	0	0
MARK FOLEY TRUSTEE	3 00	X						0	0	0
SAMIDH GUHA TRUSTEE	2 00	X						0	0	0
MASAE KAWAMURA TRUSTEE	2 00	X						0	0	0
RAM KOPPAKA MD TRUSTEE	2 00	X						0	0	0
BRUCE MANDELL TRUSTEE	4 00	X						0	0	0
MARIO PIERRO TRUSTEE RESIGNED 4/17	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
RENEE RIDZON TRUSTEE	2 00	X						0	0	0
JACK SALVO TRUSTEE	3 00	X						0	0	0
DEAN SCHRAUFNAGEL TRUSTEE	2 00	X						0	0	0
RICHARD SHEPRO TRUSTEE	2 00	X						0	0	0
WALLACE D'SOUZA CFO FROM OCT 2017	40 00			X				56,923	0	8,369
MILI CHOWFLA SENIOR VP FINANCE & ADMIN	40 00			X				215,761	0	29,321
SANDRA MULLIN SR VP COMMUNICATION	40 00				X			272,207	0	31,866
IRA D RUSEN SR VP RESEARCH & DEVELOPMENT	40 00				X			311,836	0	10,015
ADAM M KARPATI SR VP PUBLIC HEALTH	40 00				X			285,912	0	41,839
THOMAS FRIEDEN PRESIDENT & CEO OF RESOLVE	40 00				X			397,278	0	20,135

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
TAMAR RENAUD COO	40 00				X			213,333	0	9,052
DANIEL KASS SR VP ENVIRONMENTAL HEALTH	40 00				X			237,930	0	29,185
PAULA FUJIWARA SCIENTIFIC DIRECTOR	40 00					X		338,014	0	26,787
PHILIP SETEL VP AND DIRECTOR, CRVS	40 00					X		221,073	0	12,084
THOMAS MATTE SR SCIENCE CONSULTANT - ENVIRONMENTAL HEALTH	40 00					X		212,820	0	30,863
WHITNEY REITZ SR VP BUSINESS DEVELOPMENT	40 00					X		210,572	0	28,102
JOHANNA BIRCKMAYER SR TECHNICAL ADVISOR	40 00					X		193,535	0	11,318

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

OMB No 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	22,668,532	37,044,236	95,261,833	30,602,155	174,982,107	360,558,863
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	22,668,532	37,044,236	95,261,833	30,602,155	174,982,107	360,558,863
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)						221,984,350
6 Public support. Subtract line 5 from line 4						138,574,513

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	22,668,532	37,044,236	95,261,833	30,602,155	174,982,107	360,558,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	623	3,160	98,091	119,436	209,043	430,353
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 VI.)	1,760		65,410	9,019	9,196	85,385
11 Total support. Add lines 7 through 10						361,074,601
12 Gross receipts from related activities, etc. (see instructions)					12	639,241
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	38.380 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	31.200 %
16a 33 1/3% support test—2017. 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. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. 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. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT \$ 1,760 2015 AMOUNT \$ 65,410 2016 AMOUNT \$ 9,019 2017 AMOUNT \$ 9,196

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As Filed Data -

DLN: 93493310025848

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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" on 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	2a
b	2b
c	2c
d	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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ 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" on 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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" on 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		106,100	97,409	8,691
d Equipment		657,373	585,072	72,301
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				80,992

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	53,673
DUE TO UNION PARIS	488,100
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	541,773

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	175,200,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	175,200,346
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	175,200,346

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	77,867,371
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	77,867,371
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	2,146,780
c	Add lines 4a and 4b	4c	2,146,780
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	80,014,151

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	VITAL STRATEGIES (VS) 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, 2017 IS \$260,796 DURING 2017, VS THROUGH THE UNION, WAS THE SUB-RECIPIENT OF \$10.8 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 VS SERVES AS A COORDINATING AND ADMINISTRATIVE HUB

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	VITAL STRATEGIES RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT VITAL STRATEGIES HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE VITAL STRATEGIES IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2014

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	REFUNDED GRANT EXPENSE 2,146,780

**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.

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

OMB No 1545-0047

2017

**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 Activities 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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			43,829,944
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			43,829,944

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)								Schedule F (Form 990) 2017	
(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 ► 47

3 Enter total number of other organizations or entities ► 57

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) DATA FOR HEALTH	AFRICA	16	1,125,041	WIRE TRANSFER			
(2) TOBACCO	EAST ASIA AND THE PACIFIC	17	699,682	WIRE TRANSFER			
(3) TREAT TB	EUROPE	4	294,448	WIRE TRANSFER			
(4) TREAT TB	SOUTH AMERICA	7	18,122	WIRE TRANSFER			
(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 separately 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, do not file with Form 990)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ 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).

Return Reference	Explanation
PART I, LINE 2	<p>VITAL STRATEGIES (VS) IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING. THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS. THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE CONTRACT MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT. ALL CONTRACT MANAGERS REVIEW COMPLETION OF SCOPE OF WORK DELIVERABLES VIA EMAIL FOLLOW-UP, SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS AND QUARTERLY SITE VISITS PRIOR TO SIGNING OFF ON SUBMITTED INVOICES. THIS RESPONSIBILITY IS OFTENTIMES SHARED WITH A VS-MANAGED (AND OFTENTIMES CONTRACTED) EMBEDDED CONSULTANT WHO IS REQUIRED TO COMPLETE A MONTHLY REPORT AND WHO IS ALSO SUBJECT TO THE SAME REVIEW PROCESS FOR THEIR RESPECTIVE WORK BY THE ASSIGNED CONTRACT MANAGER. FOR GRANTEES, FINANCE REQUIRES AND REVIEWS QUARTERLY FINANCIAL REPORTS TO VALIDATE AND RECONCILE REPORTED EXPENSES. THESE REPORTS ARE FIRST REVIEWED BY CONTRACT MANAGERS PRIOR TO BEING REVIEWED BY THE FINANCE TEAM. SPECIFICALLY, WE HAVE 3 MECHANISMS IN PLACE: SITE VISITS (BY VARIOUS PROGRAM TEAM MEMBERS INCLUDING PHARMACISTS FOR TREAT TB/STREAM, TECHNICAL OFFICERS, GRANTS MANAGERS), FINANCIAL REPORTS, TECHNICAL REPORTS. CONSULTANTS, VENDORS AND GRANTEES ARE SELECTED IN PARTNERSHIP WITH CITY AND/OR COUNTRY GOVERNMENT PARTNERS AND KEY INITIATIVE PARTNERS. FOR CONSULTANTS, ALL AFFILIATED PARTIES AGREE ON A SCOPE OF WORK AND THE CONSULTANT POSITION IS EITHER POSTED OR SHARED WITH KEY PARTNERS TO DEVELOP A WIDE POOL OF INDIVIDUAL'S CANDIDATES. CONSULTANTS ARE THEN INTERVIEWED IN ACCORDANCE TO THE AGREED-UPON INTERVIEW FORMAT AND SELECTED FOR EACH POSITION. VENDORS ARE SELECTED EITHER VIA A BIDDING PROCESS OR VIA SOLE SOURCE SELECTION BASED ON INTERNAL CITY/COUNTRY OR INITIATIVE PARTNER EXPERIENCE. GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK. WHERE POSSIBLE, THE GRANTEES FOR BOTH INITIATIVES ARE THE IDENTIFIED CITY/GOVERNMENT PARTNERS THEMSELVES, BUT IF NOT GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK. VS THEN REVIEWS THE OPTIONS AND DECIDES WITH ASSISTANCE FROM ALL AFFILIATED PARTNERS, WHO IS THE BEST GRANTEE OPTION FOR THE SPECIFIC SCOPE OF WORK.</p>

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

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS		8,565,842
EAST ASIA AND THE PACIFIC	0	0	GRANTS		18,092,987

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS		15,458,533
NORTH AMERICA	0	0	GRANTS		868,055

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS		844,527

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)
		EAST ASIA AND THE PACIFIC	CARDIOVASCULAR HEALTH, DATA FOR HEALTH, PARTNERSHIP FOR HEALTH CITIES, ROAD SAFETY, TOBACCO CONTROL & TREAT TB PROJECT	1,397,392	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,135	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,303	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	9,764	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	11,179	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTH CITIES	14,000	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTH CITIES	14,064	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	18,575	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	22,482	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	24,994	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTH CITIES	25,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	25,000	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	25,736	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	26,139	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	29,913	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	33,220	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	38,390	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	38,800	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	39,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	44,730	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	49,304	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	50,030	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	50,487	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	50,946	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	58,750	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	61,420	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	66,003	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	67,000	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	75,245	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	80,700	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	83,467	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	86,837	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	89,558	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	91,000	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	97,598	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	100,000	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	104,756	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	108,483	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	119,305	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	123,727	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	149,310	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	150,425	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	207,718	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	260,260	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	266,618	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	309,903	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	312,322	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	1,053,047	WIRE TRANSFER			

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)
		EAST ASIA AND THE PACIFIC	CARDIOVASCULAR HEALTH	2,000,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	CARDIOVASCULAR HEALTH	9,194,566	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	MAYOR'S CHALLENGE	9,351	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	43,792	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL, TREAT TB & ROAD SAFETY	50,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL, TREAT TB & ROAD SAFETY	67,379	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	128,446	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	CARDIOVASCULAR HEALTH	139,490	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	ROAD SAFETY	200,870	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	238,758	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	282,973	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	334,968	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	372,238	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	520,000	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	699,432	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL, TREAT TB & ROAD SAFETY	768,413	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	933,999	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB PROJECT	2,131,833	WIRE TRANSFER			

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 (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	8,238,745	WIRE TRANSFER			
		NORTH AMERICA	TOBACCO CONTROL	20,000	WIRE TRANSFER			

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)
		NORTH AMERICA	TOBACCO CONTROL	30,000	WIRE TRANSFER			
		NORTH AMERICA	TOBACCO CONTROL	44,682	WIRE TRANSFER			

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)
		NORTH AMERICA	TREAT TB PROJECT	84,670	WIRE TRANSFER			
		NORTH AMERICA	TREAT TB PROJECT	155,758	WIRE TRANSFER			

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)
		NORTH AMERICA	TOBACCO CONTROL	532,500	WIRE TRANSFER			
		SOUTH AMERICA	TOBACCO CONTROL	7,410	WIRE TRANSFER			

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)
		SOUTH AMERICA	ROAD SAFETY	14,368	WIRE TRANSFER			
		SOUTH AMERICA	ROAD SAFETY	19,046	WIRE TRANSFER			

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)
		SOUTH AMERICA	TOBACCO CONTROL	27,712	WIRE TRANSFER			
		SOUTH AMERICA	TOBACCO CONTROL	30,000	WIRE TRANSFER			

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)
		SOUTH AMERICA	ROAD SAFETY	44,000	WIRE TRANSFER			
		SOUTH AMERICA	DATA FOR HEALTH	73,095	WIRE TRANSFER			

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)
		SOUTH AMERICA	DATA FOR HEALTH	206,311	WIRE TRANSFER			
		SOUTH AMERICA	DATA FOR HEALTH	398,044	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	6,147	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	8,662	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	20,250	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	38,217	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	38,860	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	67,204	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	80,431	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CARDIOVASCULAR HEALTH	85,800	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	ROAD SAFETY	98,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	100,000	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	104,474	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	150,000	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	171,168	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	223,944	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	243,116	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	254,695	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	324,617	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	461,461	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	514,929	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	747,539	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	1,636,585	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MATERNAL HEALTH	2,059,756	WIRE TRANSFER			

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

5

3

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

3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2	VITAL STRATEGIES (VS) IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE CONTRACT MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT ALL CONTRACT MANAGERS REVIEW COMPLETION OF SCOPE OF WORK DELIVERABLES VIA EMAIL FOLLOW-UP, SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS AND QUARTERLY SITE VISITS PRIOR TO SIGNING OFF ON SUBMITTED INVOICES THIS RESPONSIBILITY IS OFTENTIMES SHARED WITH A VS-MANAGED (AND OFTENTIMES CONTRACTED) EMBEDDED CONSULTANT WHO IS REQUIRED TO COMPLETE A MONTHLY REPORT AND WHO IS ALSO SUBJECT TO THE SAME REVIEW PROCESS FOR THEIR RESPECTIVE WORK BY THE ASSIGNED CONTRACT MANAGER FOR GRANTEES, FINANCE REQUIRES AND REVIEWS QUARTERLY FINANCIAL REPORTS TO VALIDATE AND RECONCILE REPORTED EXPENSES THESE REPORTS ARE FIRST REVIEWED BY CONTRACT MANAGERS PRIOR TO BEING REVIEWED BY THE FINANCE TEAM SPECIFICALLY, WE HAVE 3 MECHANISMS IN PLACE SITE VISITS (BY VARIOUS PROGRAM TEAM MEMBERS INCLUDING PHARMACISTS FOR TREAT TB/STREAM, TECHNICAL OFFICERS, GRANTS MANAGERS), FINANCIAL REPORTS, TECHNICAL REPORTS CONSULTANTS, VENDORS AND GRANTEES ARE SELECTED IN PARTNERSHIP WITH CITY AND/OR COUNTRY GOVERNMENT PARTNERS AND KEY INITIATIVE PARTNERS FOR CONSULTANTS, ALL AFFILIATED PARTIES AGREE ON A SCOPE OF WORK AND THE CONSULTANT POSITION IS EITHER POSTED OR SHARED WITH KEY PARTNERS TO DEVELOP A WIDE POOL OF INDIVIDUAL'S CANDIDATES CONSULTANTS ARE THEN INTERVIEWED IN ACCORDANCE TO THE AGREED-UPON INTERVIEW FORMAT AND SELECTED FOR EACH POSITION VENDORS ARE SELECTED EITHER VIA A BIDDING PROCESS OR VIA SOLE SOURCE SELECTION BASED ON INTERNAL CITY/COUNTRY OR INITIATIVE PARTNER EXPERIENCE GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK WHERE POSSIBLE, THE GRANTEES FOR BOTH INITIATIVES ARE THE IDENTIFIED CITY/GOVERNMENT PARTNERS THEMSELVES, BUT IF NOT GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK VS THEN REVIEWS THE OPTIONS AND DECIDES WITH ASSISTANCE FROM ALL AFFILIATED PARTNERS, WHO IS THE BEST GRANTEE OPTION FOR THE SPECIFIC SCOPE OF WORK

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUINTILES PROFESSIONAL SERVICES CENTER PO BOX 13979 RESEARCH TRIANGLE PARK, NC 27709	56-1323952	N/A	1,756,634				TREAT TB
CDC FOUNDATION 600 PEACHTREE STREET NE SUITE 1000 ATLANTA, GA 30308	58-2106707	501(C)(3)	1,000,000				CARDIOVASCULAR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE IACP 44 CANAL CENTER PLAZA SUITE 200 ALEXANDRIA, VA 22314	53-0227813	501(C)(3)	283,000				TOBACCO CONTROL
THE PERMANENTE MEDICAL GROUP INC 1950 FRANKLIN STREET OAKLAND, CA 94612	94-2728480	N/A	269,822				CARDIOVASCULAR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 168TH ST PH-8 EAST ROOM 101 NEW YORK, NY 10032	13-5598093	501(C)(3)	213,334				EDUCATION
HEALTH ALLIANCE INTERNATIONAL (HAI) 1107 NE 45TH STREET SUITE 350 SEATTLE, WA 98105	94-3047981	501(C)(3)	144,594				TREAT TB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION REFERENCE BUREAU 1875 CONNECTICUT AVE SUITE 520 WASHINGTON, DC 20009	53-0214030	501(C)(3)	35,000				CARDIOVASCULAR HEALTH
ENCOMPASS LLC 105000 ALLOWAY DRIVE POTOMAC, MD 20854	52-2228651	N/A	23,224				TREAT TB

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
22-3419667

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>	4a	No
<div style="margin-left: 20px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? </div>	4b	No
<div style="margin-left: 20px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> a The organization? </div>	5a	No
<div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> a The organization? </div>	6a	No
<div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For each individual whose compensation must be reported on 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.

See Additional Data Table

[illegible]

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 7	THE DIVISION SENIOR VICE PRESIDENTS RECOMMEND THAT STAFF RECEIVE A BONUS BASED ON THE FOLLOWING CRITERIA: INTENSITY OF WORK OVER THE PREVIOUS YEAR, EXCEPTIONAL PERFORMANCE, COMPLETION OF SPECIAL PROJECTS AND BRINGING IN NEW BUSINESS TO THE ORGANIZATION. ALL BONUSES ARE APPROVED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. IRA DAVID RUSEN, SANDRA MULLIN, PAULA FUJIWARA, MILI CHOWFLA, AND WHITNEY REIZ RECEIVED BOARD APPROVED BONUSES IN THEIR 2017 W-2.

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSE LUIS CASTRO PRESIDENT & CEO	(i)	257,500	0	0	9,957	521	267,978	0
	(ii)	0	0	0	0	0	0	0
1 PETER A BALDINI EX-OFFICIO SR ADVISOR, BUS DEVELP (VOTING TILL 10/17	(i)	225,000	0	0	0	0	225,000	0
	(ii)	0	0	0	0	0	0	0
2 MILI CHOWFLA SENIOR VP FINANCE & ADMIN	(i)	203,761	12,000	0	6,881	22,440	245,082	0
	(ii)	0	0	0	0	0	0	0
3 SANDRA MULLIN SR VP COMMUNICATION	(i)	252,207	20,000	0	9,589	22,277	304,073	0
	(ii)	0	0	0	0	0	0	0
4 IRA D RUSEN SR VP RESEARCH & DEVELOPMENT	(i)	291,836	20,000	0	9,645	370	321,851	0
	(ii)	0	0	0	0	0	0	0
5 ADAM M KARPATI SR VP PUBLIC HEALTH	(i)	285,912	0	0	10,102	31,737	327,751	0
	(ii)	0	0	0	0	0	0	0
6 THOMAS FRIEDEN PRESIDENT & CEO OF RESOLVE	(i)	397,278	0	0	6,275	13,860	417,413	0
	(ii)	0	0	0	0	0	0	0
7 TAMAR RENAUD COO	(i)	213,333	0	0	7,717	1,335	222,385	0
	(ii)	0	0	0	0	0	0	0
8 DANIEL KASS SR VP ENVIRONMENTAL HEALTH	(i)	237,930	0	0	9,517	19,668	267,115	0
	(ii)	0	0	0	0	0	0	0
9 PAULA FUJIWARA SCIENTIFIC DIRECTOR	(i)	323,014	15,000	0	12,202	14,585	364,801	0
	(ii)	0	0	0	0	0	0	0
10 PHILIP SETEL VP AND DIRECTOR, CRVS	(i)	221,073	0	0	8,540	3,544	233,157	0
	(ii)	0	0	0	0	0	0	0
11 THOMAS MATTE SR SCIENCE CONSULTANT - ENVIRONMENT	(i)	212,820	0	0	8,520	22,343	243,683	0
	(ii)	0	0	0	0	0	0	0
12 WHITNEY REITZ SR VP BUSINESS DEVELOPMENT	(i)	203,572	7,000	0	8,169	19,933	238,674	0
	(ii)	0	0	0	0	0	0	0
13 JOHANNA BIRCKMAYER SR TECHNICAL ADVISOR	(i)	193,535	0	0	7,646	3,672	204,853	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
22-3419667

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	1	101,174	AVG SELLING PRICE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF DONORS ON PART I COLUMN (B)

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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
		<div>2017</div> <div>Open to Public Inspection</div>
Department of the Treasury Internal Revenue Service 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
VENDOR LICENSING BAN ON SALE OF LOOSE CIGARETTES	<p>IN 2017, TWO STATES OF BIHAR AND WEST BENGAL IN INDIA INITIATED THE IMPLEMENTATION OF VEND OR LICENSING IN DISTRICT HEADQUARTERS OF PATNA AND DARJEELING RESPECTIVELY THE UNION SUPP ORTED THE DISTRICT ADMINISTRATION AND MUNICIPAL CORPORATIONS IN DEVELOPING RULES AND ORDER S FOR IMPLEMENTATION THE STATES OF J&K AND KARNATAKA PROHIBITED SALE OF LOOSE CIGARETTES, BEEDIS AND CHEWING TOBACCO PRODUCTS IN 2017, TAKING THE TOTAL NUMBER OF STATES WITH SUCH POLICIES TO 13 THE VENDOR LICENSING PROVISIONS OF THE PAKISTAN TOBACCO VENDOR ACT 1958 IS BEING ENFORCED IN THE ISLAMABAD DISTRICT WITH FULL INSTITUTIONAL SUPPORT NEPAL BANNED TH E SALE OF LOOSE CIGARETTES THROUGH THE TOBACCO CONTROL LAW PASSED IN EARLY 2017 SUSTAINAB ILITY OF TOBACCO CONTROL AN IMPORTANT POLICY WIN IN 2017 IN SUSTAINING TOBACCO CONTROL IS THE PASSAGE OF THE HEALTH DEVELOPMENT SURCHARGE POLICY IN BANGLADESH IT OPENS THE OPPORT UNITY TO UTILIZING 1% HEALTH DEVELOPMENT SURCHARGE FROM ALL TOBACCO PRODUCTS FOR SUSTAINAB LE TOBACCO CONTROL IN BANGLADESH THE NATIONAL TOBACCO CONTROL PROGRAM SUPPORTED BY THIS S URCHARGE IS BEING DEVELOPED BY THE MOH THE MOH IN INDONESIA ENACTED A NEW REGULATION IN 2 017 FOR THE USE OF TOBACCO TAX TO FINANCE PUBLIC HEALTH SERVICES THE REGULATION MANDATES 75% OF LOCAL TOBACCO TAX TO BE SPENT FOR UNIVERSAL HEALTH COVERAGE IN INDIA, THE UNION CO NTINUED TO SUPPORT MOH AND STATE DEPARTMENTS OF HEALTH IN EXPANDING NTCP ACROSS THE COUNTR Y AND YEAR 2017 SAW MAJOR EXPANSION OF THE PROGRAM WITH 17 STATES NOW FULLY COVERED UNDER NTCP COMPARED TO ONLY 5 IN 2016 THE DEPARTMENT OF HEALTH IN THE PHILIPPINES DISSEMINATED THE NATIONAL TOBACCO CONTROL STRATEGY 2017-2022, IN WHICH THE UNION'S INDEX FOR SUSTAINABL E TOBACCO CONTROL WAS CITED AS A BENCHMARK FOR TOBACCO CONTROL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE AMENDED BY-LAWS WERE ADOPTED BY THE BOARD OF TRUSTEES IN OCTOBER 2017. CHANGES MADE TO THE AMENDED BY-LAWS, INCLUDED THE FOLLOWING PRINCIPAL REVISIONS, IN ADDITION TO OTHER SMALLER CHANGES - TITLE (PAGE 1) THE DOING BUSINESS AS NAME OF THE ORGANIZATION HAS BEEN UPDATED TO "VITAL STRATEGIES" THIS CHANGE HAS BEEN MADE IN EACH INSTANCE WHERE THE DOING BUSINESS AS NAME APPEARS INCLUDING THE HEADER OF EACH PAGE AND SECTION 1.1 - SECTION 6.1 (PAGE 10) THE SENIOR ADVISOR FOR BUSINESS DEVELOPMENT AND THE SENIOR ADVISOR FOR SCIENCE AND EDUCATION ARE EX OFFICIO MEMBERS OF THE BOARD SERVING AS OBSERVERS - SECTION 8.2 (PAGE 15) THE ESTABLISHMENT OF INTERNATIONAL OFFICES IS EXPRESSLY PERMITTED AS DETERMINED BY THE BOARD. BOTH INDEPENDENT AND BRANCH OFFICES ARE PERMITTED, HOWEVER, REGARDLESS OF ENTITY TYPE, INTERNATIONAL OFFICES SHALL ENTER INTO AN MOU WITH VITAL STRATEGIES - SCHEDULE A TERM DATES HAVE BEEN UPDATED FOR CURRENT MEMBERS OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS MEMBERS ARE PROVIDED WITH ELECTRONIC COPY OF THE 990 DRAFT FOR THEIR REVIEW THE AUDIT COMMITTEE OF THE BOARD MEETS TO REVIEW THE FORM 990 IN DETAIL AND APPROVES IT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>VITAL STRATEGIES (VS) USES INDUSTRY STANDARD TO DETERMINE THE REMUNERATION OF EXECUTIVE AND MANAGEMENT TEAM VS HAS ESTABLISHED THE MANAGEMENT PERFORMANCE COMMITTEE THAT ASSISTS THE BOARD WITH ENSURING THAT THE CORPORATION'S COMPENSATION PROGRAM (I) IS ALIGNED WITH THE CORPORATION'S STRATEGIC PLAN AND OVERALL PERFORMANCE GOALS, (II) IS COMPETITIVE WITH PROGRAMS OFFERED BY THE CORPORATION'S PEERS IN THE NEW YORK CITY REGION, (III) RETAINS AND MOTIVATES QUALIFIED EMPLOYEES, AND (IV) PROMOTES THE INTEREST OF THE CORPORATION THE MANAGEMENT PERFORMANCE COMMITTEE REVIEWS ANNUALLY THE PERFORMANCE OF THE CORPORATION'S CHIEF EXECUTIVE OFFICER AND INFORMS THE BOARD ABOUT THE RESULTS OF THIS REVIEW NOT LATER THAN ONE MONTH PRIOR TO THE ANNUAL MEETING OF THE BOARD THE TOTAL COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL BE RECOMMENDED BY THE COMMITTEE AND RATIFIED BY THE BOARD THE MANAGEMENT PERFORMANCE COMMITTEE REVIEWS ON AN ANNUAL BASIS THE CORPORATION'S STATED COMPENSATION STRATEGY TO DETERMINE IF THE CORPORATION'S OFFICERS AND KEY EMPLOYEES ARE REWARDED APPROPRIATELY FOR THEIR CONTRIBUTIONS TO THE CORPORATION'S GROWTH AND PERFORMANCE AND IF THE STRATEGY SUPPORTS THE CORPORATION'S OBJECTIVES AND INTERESTS THE MANAGEMENT PERFORMANCE COMMITTEE SHALL ALSO REVIEW AND RECOMMEND THE INITIAL BASE COMPENSATION PAID TO EACH NEW OFFICER OF THE CORPORATION AND ITS AFFILIATES A VARIETY OF INFORMATION AND COMPARABILITY DATA ARE BEING USED TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO CORPORATION'S OFFICERS AND KEY EMPLOYEES THESE INCLUDE SURVEYS OF NEW YORK CITY-BASED NON-PROFIT COMPENSATION PRACTICES AND AFFILIATE OFFICES OF INTERNATIONAL ORGANIZATIONS, COMPARABLE PACKAGES FOR KEY STAFF OF PEER ORGANIZATIONS, AND COMPENSATION PRACTICES EXPECTED BY PROJECT DONORS DECISIONS TAKEN ON COMPENSATION LEVELS TO BE PAID IS DOCUMENTED IN WRITTEN FORM TO INCLUDE THE DATES DECISIONS ARE TAKEN, THE PARTIES PRESENT DURING THE DECISION, THE FULL TERMS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION THE PROCESS WAS UNDERTAKEN IN 2017</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ALSO POSTED TO BETTER BUSINESS BUREAU SERVING METROPOLITAN NEW YORK 30 E 33RD STREET 12TH FLOOR NEW YORK, NY 10016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TECHNICAL/ ADMINISTRATIVE PROJECT CONSULTANTS PROGRAM SERVICE EXPENSES 5,152,060 MANAGEMENT AND GENERAL EXPENSES 455,533 FUNDRAISING EXPENSES 231,000 TOTAL EXPENSES 5,838,593 TRANSLATION, ACCOUNTING TEMPS, PROJECT MGMT SERVICES PROGRAM SERVICE EXPENSES 4,369,999 MANAGEMENT AND GENERAL EXPENSES 359,457 FUNDRAISING EXPENSES 78 TOTAL EXPENSES 4,729,534 4 PAYROLL PROCESSING PROGRAM SERVICE EXPENSES 12,771 MANAGEMENT AND GENERAL EXPENSES 4,410 FUNDRAISING EXPENSES 258 TOTAL EXPENSES 17,439

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REFUNDED GRANT EXPENSE 2,146,780

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS