

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC. Doing business as <b>VITAL STRATEGIES</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61 BROADWAY 1720 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 <b>F Name and address of principal officer:</b> JOSE LUIS CASTRO SAME AS C ABOVE	<b>D Employer identification number</b> 22-3419667  <b>E Telephone number</b> 212-500-5724  <b>G Gross receipts \$</b> 30,974,310. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.VITALSTRATEGIES.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1995		<b>M State of legal domicile:</b> NJ

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WE ENVISION A WORLD WHERE EVERY PERSON IS PROTECTED BY A STRONG PUBLIC HEALTH SYSTEM. WE BELIEVE</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	84
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	21
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	95,372,790.	30,602,155.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	178,872.	243,700.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,091.	119,436.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,410.	9,019.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,715,163.	30,974,310.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	37,589,273.	41,368,606.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	5,543,837.	8,700,778.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,027,659.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,260,917.	11,135,644.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,394,027.	61,205,028.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	44,321,136.	-30,230,718.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	61,837,175.	32,655,435.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	7,281,217.	7,628,532.
		54,555,958.	25,026,903.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JOSE LUIS CASTRO, PRESIDENT AND CEO Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022	Firm's EIN ▶ 27-1728945	Phone no. (212) 286-2600		

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

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
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.

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 \$ 25,271,047. including grants of \$ 19,746,479. ) (Revenue \$ 243,700. )  
TOBACCO CONTROL:

VITAL STRATEGIES WORKS INTERNATIONALLY TO GROW AND SHAPE A GLOBAL ANTI-TOBACCO AGENDA, AND, AS A MAIN PARTNER IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE, WE WORK TO SUPPORT THE ADOPTION OF PROVEN POLICIES IN MORE THAN 40 COUNTRIES. WORKING GLOBALLY AND IN MORE THAN 40 COUNTRIES, VITAL STRATEGIES USES POLICY, ADVOCACY AND STRATEGIC COMMUNICATION TO URGE GOVERNMENTS TO ADOPT PROVEN TOBACCO CONTROL STRATEGIES, AND PARTNERS WITH THEM TO ENCOURAGE LIFE-SAVING, PUBLIC HEALTH "BEST BUYS."

VITAL STRATEGIES DELIVERS EVIDENCE-BASED PUBLIC EDUCATION CAMPAIGNS AND BUILDS LOCAL HEALTH CAPACITY TO RAISE AWARENESS ABOUT THE DANGERS OF

4b (Code: ) (Expenses \$ 15,427,155. including grants of \$ 10,474,492. ) (Revenue \$ )  
TREAT TB:

THE TECHNOLOGY, RESEARCH, EDUCATION, AND TECHNICAL ASSISTANCE FOR TB (TREAT TB) INITIATIVE, A MULTI-YEAR INITIATIVE FUNDED BY USAID, SEEKS TO CONTRIBUTE TO NEW KNOWLEDGE THROUGH FIELD EVALUATIONS OF DIAGNOSTIC TOOLS, CLINICAL TRIALS OF PRIORITY RESEARCH QUESTIONS, AND TARGETED OPERATIONAL RESEARCH BENEFITTING GLOBAL, REGIONAL, AND COUNTRY TB CONTROL EFFORTS.

STREAM TRIAL:

IN RESPONSE TO THE URGENT NEED TO EVALUATE SHORTER, MORE AFFORDABLE, MORE TOLERABLE, AND MORE ACCESSIBLE MULTIDRUG-RESISTANT TB (MDR-TB)

4c (Code: ) (Expenses \$ 10,934,239. including grants of \$ 5,865,739. ) (Revenue \$ )  
DATA FOR HEALTH:

DATA FOR HEALTH IS A FIVE-YEAR GLOBAL INITIATIVE FUNDED BY BLOOMBERG PHILANTHROPIES AND THE GOVERNMENT OF AUSTRALIA COMMITTED TO THE BETTER USE AND UNDERSTANDING OF DATA FOR PUBLIC HEALTH POLICYMAKING. CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS, THAT IS, THE REGISTRATION AND ENUMERATION OF BIRTHS AND DEATHS AND CAUSES OF DEATH, GIVE COUNTRIES CRITICAL INFORMATION TO PLAN HEALTH PROGRAMS. BUT SIMPLY HAVING DATA IS NOT ENOUGH. GOVERNMENTS ALSO NEED - BUT OFTEN LACK - THE EXPERTISE TO TURN DATA INTO ACTION AND PREVENT NEEDLESS DEATHS AND SUFFERING.

OVER THE NEXT FOUR YEARS, THE BLOOMBERG PHILANTHROPIES DATA FOR HEALTH

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 6,098,833. including grants of \$ 5,281,896. ) (Revenue \$ )

4e Total program service expenses 57,731,274.

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>X</b>	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b>	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
<b>21</b>	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> .....	<b>X</b>	
<b>22</b>	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> .....	<b>X</b>	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b>	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> .....		<b>X</b>
<b>27</b>	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> .....		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b>	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> .....		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b>	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> .....		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b>	<i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**INTERNATIONAL UNION AGAINST TUBERCULOSIS  
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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.	23	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	21	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 FIN/ADMIN - 212-500-5738**  
**61 BROADWAY, SUITE 1720, NEW YORK, NY 10006**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE LUIS CASTRO PRESIDENT & CEO	40.00	X		X				375,000.	0.	4,976.
(2) LOUIS JAMES DE VIEL CASTEL CHAIRMAN	2.00	X		X				0.	0.	0.
(3) ERIC ROSENBAUM SECRETARY	3.00	X		X				0.	0.	0.
(4) SCOTT HALSTEAD TREASURER	4.00	X		X				0.	0.	0.
(5) MARC SZNAJDERMAN VICE CHAIR FOR PROGRAMS	3.00	X		X				0.	0.	0.
(6) ANDREW S RENDEIRO VICE CHAIR FOR OPERATIONS	3.00	X		X				0.	0.	0.
(7) PETER A BALDINI TRUSTEE/SR. ADVISOR FOR NEW BUSINESS	40.00	X		X				207,667.	0.	10,041.
(8) BRUCE MANDELL TRUSTEE	4.00	X						0.	0.	0.
(9) CHRIS CASTAGNA TRUSTEE	2.00	X						0.	0.	0.
(10) DAVID A CAPUTO TRUSTEE	3.00	X						0.	0.	0.
(11) DEAN SCHRAUFNAGEL TRUSTEE	2.00	X						0.	0.	0.
(12) E JANE CARTER TRUSTEE	2.00	X						0.	0.	0.
(13) FRANK G. COLELLA TRUSTEE	2.00	X						0.	0.	0.
(14) HELEN AGERUP TRUSTEE	2.00	X						0.	0.	0.
(15) JACK SALVO TRUSTEE	3.00	X						0.	0.	0.
(16) MARIO PIERRO TRUSTEE	3.00	X						0.	0.	0.
(17) MARK FOLEY TRUSTEE	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MASAE KAWAMURA TRUSTEE	2.00	X					0.	0.	0.	
(19) RAM KOPPAKA TRUSTEE	2.00	X					0.	0.	0.	
(20) RENEE RIDZON TRUSTEE	2.00	X					0.	0.	0.	
(21) ROZ FEDER TRUSTEE	2.00	X					0.	0.	0.	
(22) SAMIDH GUHA TRUSTEE	2.00	X					0.	0.	0.	
(23) RICHARD SHEPRO TRUSTEE	2.00	X					0.	0.	0.	
(24) MILI CHOWFLA SENIOR VP FINANCE & ADMINISTRATION	40.00			X			180,250.	0.	34,815.	
(25) SANDRA MULLIN SR. VP. COMMUNICATION	40.00				X		216,300.	0.	33,151.	
(26) WHITNEY REITZ SR. VP BUSINESS DEVELOPMENT	40.00				X		180,249.	0.	25,879.	
<b>1b Sub-total</b>							1,159,466.	0.	108,862.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,727,442.	0.	255,160.	
<b>d Total (add lines 1b and 1c)</b>							2,886,908.	0.	364,022.	

**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 25

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KEY TRAVEL, TWO PENN CENTER PLAZA, SUITE 1310, 1500 JFK BLVD, PHILADELPH	TRAVEL SERVICES	1,111,457.
EURO-ASIA HOLIDAYS INC. 262 W 38 STREET STE 902, NEW YORK, NY 10018	TRAVEL SERVICES	521,231.
MOSES & SINGER 405 LEXINGTON AVENUE, NEW YORK, NY 10174	LEGAL SERVICES	373,212.
PATTERSON BELKNAP WEBB & TYLER, LLP, 1133 AVENUE OF THE AMERICAS, NEW YORK, NY	LEGAL SERVICES	199,096.
DORCAS MUTTEKE 1960 TALL TREE DRIVE, NE, ATLANTA, GA 30324	PROGRAM CONSULTANT	189,838.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	2,600.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,688,679.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	20,910,876.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		30,602,155.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>IMDP COURSE FEES</u> .....	<b>Business Code</b> 541900	243,700.	243,700.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			243,700.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		119,436.			119,436.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <u>OTHER REVENUE</u> .....	900099	9,019.			9,019.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		9,019.					
<b>12 Total revenue.</b> See instructions. ....		30,974,310.	243,700.	0.	128,455.		

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**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,738,953.	2,738,953.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	34,867.	34,867.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	38,594,786.	38,594,786.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,089,069.	1,513,830.	404,897.	170,342.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,028,824.	3,662,570.	962,274.	403,980.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,647.	133,206.	41,631.	17,810.
<b>9</b> Other employee benefits	811,651.	561,215.	175,398.	75,038.
<b>10</b> Payroll taxes	578,587.	400,063.	125,033.	53,491.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	706,713.	681,057.	25,656.	
<b>c</b> Accounting	73,438.	70,772.	2,666.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,544,822.	3,037,349.	301,446.	206,027.
<b>12</b> Advertising and promotion	3,860.	3,032.	637.	191.
<b>13</b> Office expenses	422,445.	393,675.	22,859.	5,911.
<b>14</b> Information technology	246,137.	237,628.	8,509.	
<b>15</b> Royalties				
<b>16</b> Occupancy	840,596.	820,243.	3,399.	16,954.
<b>17</b> Travel	3,058,289.	2,813,348.	184,933.	60,008.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	361,036.	317,643.	37,109.	6,284.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	42,472.		42,472.	
<b>23</b> Insurance	109,567.	109,567.		
<b>24</b> 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.)				
<b>a</b> PROJECT SUPPLIES/EQUIPM	1,375,739.	1,347,660.	27,651.	428.
<b>b</b> ADMIN./PROGRAM COSTS	112,810.	88,618.	18,629.	5,563.
<b>c</b> SUBSCRIPTIONS, REFERENCE	88,862.	69,805.	14,675.	4,382.
<b>d</b> TRAINING AND RECRUITMEN	79,399.	47,496.	30,653.	1,250.
<b>e</b> All other expenses	69,459.	53,891.	15,568.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	61,205,028.	57,731,274.	2,446,095.	1,027,659.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,172,225.	<b>1</b>		5,716,645.	
	<b>2</b> Savings and temporary cash investments .....	31,849,538.	<b>2</b>		9,241,335.	
	<b>3</b> Pledges and grants receivable, net .....	27,642,553.	<b>3</b>		17,393,696.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> 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 instr). Complete Part II of Sch L .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	4,800.	<b>9</b>		166,870.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	757,422.				
	<b>b</b> Less: accumulated depreciation .....	644,420.				
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	12,585.	<b>15</b>		23,887.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	61,837,175.	<b>16</b>		32,655,435.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	232,468.	<b>17</b>		1,017,090.	
	<b>18</b> Grants payable .....	6,467,088.	<b>18</b>		5,758,017.	
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	140,767.	<b>21</b>		271,006.	
	<b>22</b> 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	440,894.	<b>25</b>		582,419.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,281,217.	<b>26</b>		7,628,532.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	-6,961,678.	<b>27</b>		-4,972,885.	
	<b>28</b> Temporarily restricted net assets .....	61,517,636.	<b>28</b>		29,999,788.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	54,555,958.	<b>33</b>		25,026,903.		
<b>34</b> Total liabilities and net assets/fund balances .....	61,837,175.	<b>34</b>		32,655,435.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	30,974,310.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	61,205,028.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-30,230,718.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	54,555,958.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	701,663.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	25,026,903.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
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			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
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			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	X	
<b>b</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 .....	<b>3b</b>	X	

Form **990** (2016)



**INTERNATIONAL UNION AGAINST TUBERCULOSIS**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,600,024.	22,668,532.	37,044,236.	95,261,833.	30,602,155.	204,176,780.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,600,024.	22,668,532.	37,044,236.	95,261,833.	30,602,155.	204,176,780.
<b>5</b> 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) .....						140,372,267.
<b>6 Public support.</b> Subtract line 5 from line 4.						63,804,513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	18,600,024.	22,668,532.	37,044,236.	95,261,833.	30,602,155.	204,176,780.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	5,102.	623.	3,160.	98,091.	119,436.	226,412.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,608.	1,760.		65,410.	9,019.	87,797.
<b>11 Total support.</b> Add lines 7 through 10						204,490,989.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	639,241.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	31.20 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	29.77 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**INTERNATIONAL UNION AGAINST TUBERCULOSIS**

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 .....



**INTERNATIONAL UNION AGAINST TUBERCULOSIS**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>2</b> 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? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? 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.			
<b>b</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? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**INTERNATIONAL UNION AGAINST TUBERCULOSIS**

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

**INTERNATIONAL UNION AGAINST TUBERCULOSIS**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

INTERNATIONAL UNION AGAINST TUBERCULOSIS

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2012 AMOUNT: \$ 11,608.

2013 AMOUNT: \$ 1,760.

2015 AMOUNT: \$ 65,410.

2016 AMOUNT: \$ 9,019.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

VITAL STRATEGIES IS, BY ITS NATURE, A TYPE OF ORGANIZATION THAT TYPICALLY RECEIVES ITS SUPPORT FROM THE PUBLIC. AS IS EVIDENCED BY THE CURRENT CALCULATION, VITAL STRATEGIES RECEIVES PUBLIC SUPPORT WELL IN EXCESS OF THE 10 PERCENT REQUIREMENT AND CURRENTLY ONLY FALLS UNDER THE 33 1/3 PERCENTAGE BY A FEW PERCENTAGE POINTS. VITAL STRATEGIES IS ORGANIZED TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS. VITAL STRATEGIES HAS STAFF DEVOTED TO PURSUING NEW BUSINESS DEVELOPMENT ACTIVITIES. THIS INCLUDES PURSUING FUNDING FROM NEW DONORS AND SUBMITTING RESPONSES TO GOVERNMENT REQUESTS FOR PROPOSAL, WHETHER SUCH SUBMISSIONS ARE MADE SOLELY BY VITAL STRATEGIES OR IN CONJUNCTION WITH OTHER ORGANIZATIONS. VITAL STRATEGIES HAS A WELL-DIVERSIFIED BASE OF DONORS AND IS CONTINUING TO TAKE STEPS TO FURTHER DIVERSIFY ITS DONOR BASE. VITAL STRATEGIES' CURRENT DONORS INCLUDE PHILANTHROPIC FOUNDATIONS, INDIVIDUAL DONORS, CORPORATIONS, AND THE UNITED STATES GOVERNMENT. VITAL STRATEGIES IS A GLOBAL PUBLIC HEALTH ORGANIZATION WITH ALL ITS ACTIVITIES DESIGNED TO IMPROVE PUBLIC HEALTH SYSTEMS OR PROVIDE SERVICES TO THE PUBLIC IN THE AREAS WHERE WE WORK. VITAL STRATEGIES' BOARD IS COMPRISED OF BOTH EXPERTS IN THE FIELD OF PUBLIC HEALTH AND A BROAD CROSS-SECTION OF

INTERNATIONAL UNION AGAINST TUBERCULOSIS

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.)

VIEWS AND INTERESTS OF THE COMMUNITY.

Multiple horizontal lines for providing supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

Employer identification number

22-3419667

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.	<b>Employer identification number</b> 22-3419667
---	---

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 473,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 9,645,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,759,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 14,264,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 154,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.	<b>Employer identification number</b> 22-3419667
---	---

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 42,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 159,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 21,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.</b>	Employer identification number <b>22-3419667</b>
--	---

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.	<b>Employer identification number</b> 22-3419667
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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.**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016



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

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	125,503.
(3) DUE TO UNION PARIS	456,916.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	582,419.

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

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

**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.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	30,863,353.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	30,863,353.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	110,957.
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	110,957.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	30,974,310.

**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.

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	60,392,408.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	60,392,408.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	812,620.
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	812,620.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	61,205,028.

**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.

**PART IV, LINE 2B:**

THE INTERNATIONAL UNION AGAINST TUBERCULOSIS & LUNG DISEASE (IUATLD) IS ACTING AS FIDUCIARY FISCAL AGENT FOR THE NORTH AMERICAN REGION CHARTER OF THE UNION(NAR) FUNDS. THESE FUNDS ARE HELD IN A DESIGNATED BANK ACCOUNT. THE BALANCE OF FUNDS AS OF DECEMBER 31, 2016 IS \$271,006.

DURING 2016, IUATLD, INC., THROUGH THE UNION, WAS THE SUB-RECIPIENT OF \$9.7 MILLION IN US GOVERNMENT FUNDS, TO SUPPORT ACTIVITIES ASSOCIATED WITH THE UNION-LED IMPLEMENTATION OF THE INTERNATIONAL TREAT TB INITIATIVE, A MULTI-YEAR RESEARCH INITIATIVE FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), FOR WHICH IUATLD, INC. SERVES AS A COORDINATING AND ADMINISTRATIVE HUB.

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

**Part XIII** Supplemental Information (continued)

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 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE CONTRIBUTION 110,957.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUNDED GRANT EXPENSE 812,620.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS		6,857,225.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		8,088,115.
EUROPE	0	0	GRANTS		20,658,745.
NORTH AMERICA	0	0	GRANTS		1,741,039.
SOUTH AMERICA	0	0	GRANTS		1,249,662.
<b>3 a</b> Sub-total .....	0	0			38,594,786.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			38,594,786.

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

Schedule F (Form 990) 2016

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

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ROAD SAFETY	5,121.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	5,638.	WIRE TRANSFER	0.		
		EUROPE	TREAT TB PROJECT	5,712.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	5,955.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	6,137.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	6,300.	WIRE TRANSFER	0.		

**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 ..... **50**

**3** Enter total number of other organizations or entities ..... **110**

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	6,540.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	6,971.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	7,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	7,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,050.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	8,144.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,333.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,544.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,746.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	8,900.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	10,170.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	10,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	10,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	10,880.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	11,412.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	11,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	13,000.	WIRE TRANSFER	0.		

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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)
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	13,282.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	13,432.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	13,700.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ROAD SAFETY	13,742.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	13,920.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	14,356.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	14,666.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	14,850.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	15,000.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	ROAD SAFETY	15,100.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	15,871.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	15,954.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	16,279.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	17,750.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	17,800.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	18,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	18,510.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	18,675.	WIRE TRANSFER	0.		

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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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	19,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	19,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	20,059.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	20,432.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY	20,872.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	20,902.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	22,348.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ROAD SAFETY	22,488.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	25,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	25,140.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	25,442.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MATERNAL HEALTH	25,488.	WIRE TRANSFER	0.		
		NORTH AMERICA	TREAT TB PROJECT	27,427.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	27,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	28,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	28,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	28,144.	WIRE TRANSFER	0.		



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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ROAD SAFETY	28,410.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	28,479.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	29,914.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	30,850.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	32,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	32,393.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	33,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	33,220.	WIRE TRANSFER	0.		

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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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	34,766.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	35,110.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	37,170.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	40,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	41,166.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	43,992.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	44,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL	44,328.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	44,809.	WIRE TRANSFER	0.		

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<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	EDUCATION	45,643.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	45,681.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL	46,950.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	47,022.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	47,593.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	48,825.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ROAD SAFETY	49,739.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	51,026.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	52,410.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	53,293.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	56,450.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	58,750.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	60,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	60,996.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	70,269.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	70,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	71,505.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	71,641.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	72,650.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	73,464.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	75,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	76,680.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	78,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL	78,160.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	79,449.	WIRE TRANSFER	0.		

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		NORTH AMERICA	TOBACCO CONTROL	79,692.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	80,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	84,326.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	85,466.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	86,014.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	89,466.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL, TREAT TB & ROAD SAFETY	89,777.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	90,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	90,000.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	90,038.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	93,680.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	101,096.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	105,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	108,692.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	111,457.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	128,692.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	132,268.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	132,950.	WIRE TRANSFER	0.		

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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	139,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	141,874.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	142,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	142,650.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	149,951.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	150,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	150,013.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	151,783.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	165,461.	WIRE TRANSFER	0.		



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		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	171,783.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	173,917.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	182,358.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	188,388.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	195,837.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY	200,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TREAT TB PROJECT	263,305.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	292,490.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	307,608.	WIRE TRANSFER	0.		

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		SUB-SAHARAN AFRICA	TREAT TB PROJECT	324,497.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB PROJECT	327,030.	WIRE TRANSFER	0.		
		EUROPE	TREAT TB PROJECT	336,703.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	345,127.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	359,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	406,724.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	425,078.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL	500,000.	WIRE TRANSFER	0.		
		EUROPE	TREAT TB PROJECT	503,783.	WIRE TRANSFER	0.		

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

22-3419667

Schedule F (Form 990)

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	TREAT TB PROJECT	525,443.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	626,840.	WIRE TRANSFER	0.		
		EUROPE	TREAT TB PROJECT	833,398.	WIRE TRANSFER	0.		
		EUROPE	TREAT TB PROJECT	1,007,593.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB PROJECT	1,210,321.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MATERNAL HEALTH	2,261,710.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH & TOBACCO CONTROL	7,709,432.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH; EDUCATION, MATERNAL HEALTH, ROAD SAFETY; TOBACCO; TREAT TB	8,359,791.	WIRE TRANSFER	0.		

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DATA FOR HEALTH	AFRICA	13	234,938.	WIRE TRANSFER	0.		
ROADSAFETY	AFRICA	10	368,062.	WIRE TRANSFER	0.		
TREAT TB	AFRICA	14	759,859.	WIRE TRANSFER	0.		
DATA FOR HEALTH	EAST ASIA AND THE PACIFIC	14	393,729.	WIRE TRANSFER	0.		
ROADSAFETY	EAST ASIA AND THE PACIFIC	20	346,475.	WIRE TRANSFER	0.		
TREAT TB	EAST ASIA AND THE PACIFIC	7	553,262.	WIRE TRANSFER	0.		
TOBACCO	EAST ASIA AND THE PACIFIC	7	313,159.	WIRE TRANSFER	0.		
TREAT TB	EUROPE	2	433,285.	WIRE TRANSFER	0.		
ROADSAFETY	NORTH AMERICA	2	179,345.	WIRE TRANSFER	0.		

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

Schedule F (Form 990)

22-3419667

Page 3

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)							
(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)
TREAT TB	NORTH AMERICA	1	302,593.	WIRE TRANSFER	0.		
TOBACCO	NORTH AMERICA	1	36,000.	WIRE TRANSFER	0.		
DATA FOR HEALTH	SOUTH AMERICA	2	28,300.	WIRE TRANSFER	0.		
ROADSAFETY	SOUTH AMERICA	15	176,404.	WIRE TRANSFER	0.		
TREAT TB	SOUTH AMERICA	5	28,741.	WIRE TRANSFER	0.		

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

**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.

**PART I, LINE 2:**

IUATLD, INC. IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING. THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS.

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

**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.

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.

PART I, LINE 3:

EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number  
**22-3419667**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION ON SMOKING AND HEALTH (ASH) 2013 H STREET NW WASHINGTON, DC 20006	13-2603590	501(C)(3)	146,910.	0.			TOBACCO CONTROL
ALBOUM & ASSOCIATES, LLC 1322 N. DANVILLE ST. ARLINGTON, VA 22201	54-2048846	N/A	7,683.	0.			TOBACCO CONTROL
COLUMBIA UNIVERSITY 622 WEST 168TH STREET, PH-8 EAST NEW YORK, NY 10032	13-5598093	501(C)(3)	106,666.	0.			EDUCATION
ENCOMPASS LLC 105000 ALLOWAY DRIVE POTOMAC, MD 20854	52-2228651	N/A	19,303.	0.			TREAT TB
FAMILY HEALTH INTERNATIONAL (FHI 360) - 359 BLACKWELL STREET SUITE 200 - DURHAM, NC 27701	23-7413005	501(C)(3)	40,721.	0.			TREAT TB
HEALTH ALLIANCE INTERNATIONAL (HAI) - 1107 NE 45TH STREET SUITE 350 - SEATTLE, WA 98105	94-3047981	501(C)(3)	174,357.	0.			TREAT TB

- 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 ▶ 8.

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

Schedule I (Form 990) (2016)

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

Schedule I (Form 990)

22-3419667

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LANGUAGE DEPARTMENT, LLC 526 WEST ST 26TH ST NEW YORK, NY 10001	27-1364882	N/A	15,000.	0.			TOBACCO CONTROL
M&R STRATEGIC SERVICES, INC. 1901 L STREET, NW, SUITE 800 WASHINGTON, DC 20036	13-3588025	N/A	70,000.	0.			TOBACCO CONTROL
NIGHT OWL INTERACTIVE 379 WEST BROADWAY NEW YORK, NY 10012	27-3328176	N/A	45,000.	0.			TOBACCO CONTROL
QUINTILES PROFESSIONAL SERVICES CENTER , PO BOX #13979 - RESEARCH TRANGLE PARK, NC 27	56-1323952	N/A	1,430,611.	0.			TREAT TB
SYSTEMONE 1350 MAIN STREET, SUITE 500 SPRINGFIELD, MA 01103	46-1066795	N/A	600,000.	0.			TREAT TB
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL, B21 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	41,519.	0.			DATA FOR HEALTH
VECTOR MEDIA GROUP 18 WEST 21 STREET NEW YORK, NY 10010	59-3833142	N/A	41,183.	0.			TOBACCO CONTROL

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

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DESIGN OF POPULATION BASED SURVEY FOR TB	2	22,617.	0.		
COLLECTION OF DATA FOR FOR TOBACCO	1	12,250.	0.		

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

**PART I, LINE 2:**

IUATLD, INC. IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING. THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS.

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

**Part IV Supplemental Information**

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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](http://www.irs.gov/form990).

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
<b>1a</b> 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. <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 <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 (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2016

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

Schedule J (Form 990) 2016

22-3419667

Page 2

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	375,000.	0.	0.	4,943.	33.	379,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETER A BALDINI TRUSTEE/SR. ADVISOR FOR NEW BUSINESS	(i)	207,667.	0.	0.	0.	10,041.	217,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MILI CHOWFLA SENIOR VP FINANCE & ADMINISTRATION	(i)	180,250.	0.	0.	6,008.	28,807.	215,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA MULLIN SR. VP. COMMUNICATION	(i)	216,300.	0.	0.	8,652.	24,499.	249,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WHITNEY REITZ SR. VP BUSINESS DEVELOPMENT	(i)	180,249.	0.	0.	6,909.	18,970.	206,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IRA D. RUSEN SR VP RESEARCH & DEVELOPMENT	(i)	250,000.	0.	0.	8,871.	1,884.	260,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADAM M. KARPATI SR VP PUBLIC HEALTH	(i)	271,276.	20,000.	0.	10,622.	35,412.	337,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SEMIR TANOVIC SR. VP OF GLOBAL OPERATION	(i)	180,250.	0.	0.	8,094.	34,330.	222,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN HAMILL DIR. POLICY/ADV./COMMUNICATION	(i)	154,500.	10,000.	0.	6,580.	35,147.	206,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PHILIP SETEL VP AND DIRECTOR, CRVS	(i)	211,150.	5,000.	0.	8,094.	1,373.	225,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAULA FUJIWARA SCIENTIFIC DIRECTOR	(i)	288,606.	0.	0.	11,544.	25,244.	325,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHANNA BIRCKMAYER SR. TECHNICAL ADVISOR	(i)	177,160.	0.	0.	6,158.	20,972.	204,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD DELANEY DEPUTY DIRECTOR	(i)	154,500.	5,000.	0.	6,380.	34,455.	200,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

**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.

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.

REBECCA PERL, RICHARD DELANEY, STEPHEN HAMILL, ADAM M. KARPATI, LAURA COBB  
AND JAN KOMSKA RECEIVED BOARD APPROVED BONUSES IN THEIR 2016 W-2.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE, INC.

Employer identification number  
22-3419667

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PASSIONATELY THAT PROGRESS CAN BE MADE AGAINST EVEN THE MOST DIFFICULT  
HEALTH CHALLENGES BY PARTNERING LOCAL COMMITMENT AND GLOBAL EXPERTISE.  
WE IMPLEMENT PROGRAMS THAT STRENGTHEN THESE PARTNERS AND THE HEALTH  
SYSTEMS THEY SUPPORT WORKING TO IMPROVE THE LIVES OF BILLIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR VISION:

WE ENVISION A WORLD WHERE EVERY PERSON IS PROTECTED BY A STRONG PUBLIC  
HEALTH SYSTEM.

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

TOBACCO. OUR CAMPAIGNS ENCOURAGE QUITTING, DELAY INITIATION, SUPPORT  
POLICY GOALS, SMOKE-FREE ENVIRONMENTS, ENFORCEMENT, AND OVER THE LONG  
TERM, CHANGE BEHAVIORS AROUND THE ACCEPTABILITY OF SMOKING AND  
ATTITUDES ABOUT THE TOBACCO INDUSTRY.

BECAUSE OF POPULATION GROWTH AND CHANGING PATTERNS IN SMOKING BEHAVIOR,  
DUE LARGELY TO THE TOBACCO INDUSTRY'S STRATEGY OF TARGETING YOUNG  
PEOPLE AND WOMEN IN THE DEVELOPING WORLD, ABOUT 80 PERCENT OF  
TOBACCO-CAUSED ILLNESS AND DEATH TODAY IS IN LOW AND MIDDLE-INCOME  
COUNTRIES, WHERE WE DO THE MAJORITY OF OUR WORK. IN CHINA, INDIA,  
INDONESIA, BANGLADESH, AND BRAZIL, AMONG OTHERS COUNTIES, WHERE  
POPULATIONS AND PREVALENCE ARE HIGHEST.

ACCOMPLISHMENT: OUR TOBACCO CONTROL MASS MEDIA CAMPAIGNS HAVE BEEN SEEN  
BY MORE THAN 2 BILLION PEOPLE IN OVER 30 COUNTRIES. WE ARE ONE OF FIVE

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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GLOBAL PARTNERS OF THE BLOOMBERG INITIATIVE TO REDUCE GLOBAL TOBACCO USE. WE PRODUCE THE TOBACCO ATLAS, (FIFTH ED.) THE MOST COMPREHENSIVE, ACCESSIBLE INFORMATION ON THE EVOLVING GLOBAL TOBACCO EPIDEMIC. TOPICS INCLUDE HEALTH HARMS, MARKETS AND INDUSTRY PRACTICES. WE SUPPORT PRODUCTION OF WHO'S MPOWER REPORTS, THE WORLD'S FIRST-EVER REVIEW OF TOBACCO USE IN 195 COUNTRIES

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

TREATMENT REGIMENS, THE UNION AND ITS MAIN PARTNERS - THE MEDICAL RESEARCH COUNCIL-UNITED KINGDOM AND THE INSTITUTE OF TROPICAL MEDICINE - LAUNCHED THE STANDARDIZED TREATMENT REGIMEN OF ANTI-TB DRUGS FOR PATIENTS WITH MDR-TB (STREAM) TRIAL IN 2012.

STREAM, THE FIRST LARGE, MULTI-COUNTRY PHASE III CLINICAL TRIAL TO EXAMINE A REGIMEN FOR MDR-TB, AIMS TO DETERMINE WHETHER A SHORTENED, STANDARDIZED TREATMENT REGIMEN FOR MDR-TB THAT GARNERED EXCELLENT TREATMENT OUTCOMES IN ONE COUNTRY CAN BE USED WITH SLIGHT MODIFICATION IN DIFFERENT SETTINGS WITH SIMILARLY POSITIVE RESULTS. THE SUCCESS OF THE STREAM TRIAL TO DATE - BOTH IN TERMS OF SITE DEVELOPMENT AND TRIAL PROGRESS - PROVIDED A UNIQUE OPPORTUNITY TO ASK ADDITIONAL MDR-TB TREATMENT QUESTIONS WITHIN AN EXPANDED TRIAL DESIGN. STREAM STAGE 2 WAS LAUNCHED IN MONGOLIA IN MARCH, 2016 AND THIS LANDMARK TRIAL, WHICH INCLUDES THE EVALUATION OF SHORTER, MORE TOLERABLE REGIMENS WILL EVENTUALLY RECRUIT APPROXIMATELY 1,000 PATIENTS IN UP TO 9 COUNTRIES OVER THE NEXT TWO YEARS.

THE TREAT TB PROJECT COORDINATION TEAM CLOSELY MONITORS AND REPORTS ON THE PROGRESS OF THE TRIAL TO THE BROADER GLOBAL HEALTH COMMUNITY

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THROUGH PRESENTATIONS AT GLOBAL AND REGIONAL CONFERENCES AND MEETINGS.

IN JULY, 2016, TREAT TB HOSTED THE 4TH ANNUAL STREAM INVESTIGATORS MEETING IN NEW YORK. RESEARCHERS FROM AROUND THE GLOBE, KEY TECHNICAL PARTNERS AND FUNDERS, INCLUDING USAID AND JANSSEN PHARMACEUTICALS, MET TO DISCUSS THE PROGRESS OF THE TRIAL TO DATE AND PLANS MOVING FORWARD.

TREAT TB HAS ESTABLISHED PARTNERSHIPS WITH ORGANIZATIONS AND EXPERTS AND UNDERTOOK SEVERAL FOUNDATIONAL ACTIVITIES TO ENSURE THAT COMMUNITY ENGAGEMENT IS A ROBUST COMPONENT OF THE STUDY AT ALL SITES. THE STREAM COMMUNITY ENGAGEMENT (CE) PLAN AND VIDEO WERE RELEASED AT THE DURBAN 2016 TB-HIV MEETINGS IN JULY DURING A JOINT COMMUNITY ADVISORY BOARD MEETING OF SOUTH AFRICA TRIAL SITES. THE PLAN PROVIDES A MODEL TO ENSURE THAT SITES MEET THE OBJECTIVES OF COMMUNITY ENGAGEMENT INCLUDING BUT NOT LIMITED TO ESTABLISHMENT OF A CE MECHANISM, IMPROVING COMMUNICATION AND COOPERATION BETWEEN COMMUNITY REPRESENTATIVES AND RESEARCHERS, AND ESTABLISHMENT OF A SUSTAINABLE CULTURE OF COMMUNITY PARTICIPATION IN RESEARCH.

MULTIDRUG-RESISTANT TB:

IN ADDITION TO RESEARCH ACTIVITIES DIRECTLY FORMULATED BY THE TREAT TB TEAM AND ITS PARTNERS, TREAT TB ALSO FACILITATES THE IMPLEMENTATION OF RESEARCH WITH OTHER GLOBAL PARTNERS. THESE RESEARCH ACTIVITIES CONTRIBUTE TO THE BROADER GOALS OF THE INITIATIVE IN TERMS OF ADDRESSING GAPS IN PRIORITY RESEARCH AREAS.

MDR-TB IS A MAJOR PUBLIC HEALTH PROBLEM IN THE PHILIPPINES, AND TREAT TB IS SUPPORTING THE PHILIPPINES NATIONAL TB PROGRAM WITH PROGRAMMATIC

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IMPLEMENTATION OF THE SHORTER TREATMENT REGIMEN WHICH RECEIVED A  
CONDITIONAL RECOMMENDATION FROM THE WHO IN 2016. TREAT TB'S WORK  
INCLUDES IN-DEPTH, ONSITE TECHNICAL ASSISTANCE FOR CLINICIANS AND  
PROGRAM MANAGERS FOCUSED ON RESPONDING TO CLINICAL AND PROGRAMMATIC  
CHALLENGES ENCOUNTERED DURING THE NATIONAL SCALE UP OF THE SHORTER  
TREATMENT REGIMEN, TRAINING DOCTORS, NURSES AND OTHER HEALTHCARE  
WORKERS ON CLINICAL MANAGEMENT OF MDR-TB, STRENGTHENING THE COUNTRY'S  
POOL OF TRAINERS, SUPPORTING THE INTEGRATION OF ACTIVE DRUG SAFETY  
MONITORING, AND CAPACITY BUILDING IN OPERATIONAL RESEARCH.

PEDIATRIC MULTIDRUG-RESISTANT TUBERCULOSIS:

TREAT TB SUPPORTED THE PEDIATRIC MDR-TB CLINICAL TRIAL LANDSCAPE  
MEETING HELD ON 17TH JUNE, 2016 IN WASHINGTON, D.C. OUTPUTS FROM THIS  
MEETING WILL INCLUDE A SUMMARY ARTICLE ON CURRENT PEDIATRIC MDR-TB  
TRIALS AS WELL AS A JOURNAL SUPPLEMENT TO ADVANCE WORK IN THIS  
IMPORTANT AREA.

TREAT TB APPROACH TO COUNTRY-BASED OPERATIONAL RESEARCH:

TO MAINTAIN THE MOMENTUM SET BY THE TREAT TB INITIATIVE, THE  
OPERATIONAL RESEARCH CAPACITY OF HEALTH PROFESSIONALS IN HIGH-BURDEN  
SETTINGS MUST BE STRENGTHENED. FOR THIS REASON, TREAT TB CONTINUES TO  
BUILD ON ITS PREVIOUS WORK BY PROVIDING HEALTH PROFESSIONALS WITH THE  
TRAINING THEY NEED TO CONDUCT OPERATIONAL RESEARCH STUDIES  
INDEPENDENTLY.

TB IS A SERIOUS PUBLIC HEALTH CHALLENGE IN PERU WITH AN ESTIMATED

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INCIDENCE RATE OF 119 PER 100,000 AND MORTALITY RATE OF 7.8 PER 100,000 IN 2015. TO SUPPORT HEALTH PROFESSIONALS WORKING WITH THE PERUVIAN MINISTRY OF HEALTH'S NATIONAL TUBERCULOSIS PROGRAM (NTP) TO CONDUCT OPERATIONAL RESEARCH INDEPENDENTLY AND TRANSLATE FINDINGS INTO POLICY AND PRACTICE CHANGES, TREAT TB COMPLETED AN OPERATIONAL RESEARCH TRAINING COURSE IN PERU IN SEPTEMBER, 2016. PARTICIPANTS WILL CONTINUE TO RECEIVE MENTORSHIP AND GUIDANCE WITH COMPLETION AND PUBLICATION OF THEIR MANUSCRIPTS.

DISSEMINATION:

TREAT TB CONTINUED TO DISSEMINATE INFORMATION AND LESSONS LEARNED THROUGH PUBLICATION IN PEER-REVIEWED JOURNALS, PRESENTATIONS AT INTERNATIONAL, REGIONAL, AND NATIONAL CONFERENCES, THE TREAT TB AND VITAL STRATEGIES WEBSITES, AND OTHER OUTLETS. ADDITIONALLY, THE TREAT TB WEBSITE, WHICH PROVIDES INFORMATION ON STREAM, INCLUDING UPDATED DATA ON TRIAL ENROLMENT, AS WELL AS OTHER TREAT TB INITIATIVES INCLUDING OPERATIONAL RESEARCH ACTIVITIES, WAS REDESIGNED IN 2016.

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

INITIATIVE - FUNDED BY BLOOMBERG PHILANTHROPIES AND THE GOVERNMENT OF AUSTRALIA - WILL FOCUS ON SUPPORTING TWENTY COUNTRIES WHERE IMPROVED HEALTH DATA SYSTEMS WILL TRANSLATE INTO SAVING LIVES AND IMPROVED HEALTH. THESE COUNTRIES, IN AFRICA, ASIA, THE PACIFIC AND LATIN AMERICA, COMPRISE 1.2 BILLION PEOPLE. MOREOVER, THE TOOLS AND METHODS DEVELOPED THERE WILL PROVIDE A ROADMAP FOR OTHER COUNTRIES FACING SIMILAR CHALLENGES.

VITAL STRATEGIES WILL FOCUS ON TWO PIECES OF THE GLOBAL PROJECT. THE

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FIRST IS SUPPORT IN IMPROVING CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS; AND THE SECOND IS IN TRANSLATING DATA INTO ACTION - GROWING THE KNOWLEDGE TO USE AND UNDERSTAND DATA FOR POLICYMAKING. VITAL STRATEGIES JOINS OTHER DATA FOR HEALTH PARTNERS IN THIS AMBITIOUS INITIATIVE, SUCH AS THE CDC FOUNDATION, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, THE UNIVERSITY OF MELBOURNE, AND THE WORLD HEALTH ORGANIZATION.

ACCOMPLISHMENT:

- OFFICIALLY ENROLLED 19 COUNTRIES AND CITIES IN THE DATA FOR HEALTH INITIATIVE BY THE END OF 2016.

- EXAMPLES OF IN-COUNTRY SUCCESSES FOR CRVS INCLUDE::

- IN BRAZIL, ALL 27 STATES AND 60+ CITIES ENROLLED IN THE NATIONAL IMPLEMENTATION OF AN INVESTIGATION INTO THE USE OF UNINFORMATIVE CAUSE OF DEATH CATEGORIES AND CODES.

- IN TANZANIA, FEES FOR BIRTH AND DEATH REGISTRATION HAVE BEEN WAIVED IN THE COUNTRY, A MOVE TO THE INTERNATIONAL MCCOD IS PLANNED FOR ALL HEALTH FACILITY DEATHS AS PART OF DHIS2 ROLLOUT.

- IN BANGLADESH THE COUNTRY ESTABLISHED THE OFFICE OF THE REGISTRAR GENERAL IN 2016, THE GOVERNMENT OFFICIALLY APPROVED THE INTRODUCTION OF THE WHO INTERNATIONAL FORM OF MCCOD AND THE ESTABLISHMENT OF THE HOSPITAL MORTALITY TECHNICAL WORKING GROUP. IN ADDITION, 1,000 VAS HAVE BEEN COLLECTED ON COMMUNITY DEATHS IN THE KALIGANJ UPAZILA.

- FOR THE MALAWI PROJECT, ALL TARGETED 83 VILLAGES IN THE TRADITIONAL TA MTEMA ARE FULLY DEPLOYED. USAGE OF THE ELECTRONIC BIRTH REGISTRATION

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SYSTEM CONTINUED IN 14 DISTRICT HOSPITAL FACILITIES AND NATIONAL  
REGISTRATION BUREAU DISTRICT OFFICES.

- CREATED ROBUST, COMPREHENSIVE TRAININGS/TECHNICAL ASSISTANCE SERVICES  
TO PROMOTING EXEMPLARY DATA USE IN PARTICIPATING COUNTRIES. EXAMPLES  
OF THESE PROGRAMS INCLUDE: DATA TO POLICY, AN INTENSIVE, MULTI-MONTH  
PROGRAM DEVELOPED IN COLLABORATION WITH CDC THAT BUILDS THE ANALYTIC  
COMPETENCIES OF HEALTH MINISTRY STAFF, DATA-CENTERED LEADERSHIP, A  
SHORT (2-DAY) PROGRAM THAT ENHANCES THE CAPACITY OF SENIOR MINISTRY  
OFFICIALS TO LEVERAGE DATA IN THEIR PERSONAL DECISION-MAKING AND TO  
IDENTIFY STRATEGIES TO PROMOTE STRONGER DATA USE ACROSS THE ENTIRE  
MINISTRY, DATA-DRIVEN REPORTING WORKSHOPS THAT HELP A MINISTRY CREATE  
NEW REPORTS (OR TRANSFORM EXISTING REPORTS, SUCH AS ITS ANNUAL REVIEW  
OF HEALTH) INTO PUBLICATIONS AND THAT NOT ONLY MAKES MORE INTENSIVE  
USE OF DATA BUT ALSO PRESENTS THAT DATA IN WAYS THAT ARE MORE  
ACCESSIBLE TO THE TARGET AUDIENCE AND INSTITUTIONAL STRUCTURES,  
POLICIES AND PROCEDURES CONSULTATIONS THAT GUIDE A MINISTRY IN THE  
DESIGN OF UNITS, SYSTEMS AND PROCESSES THAT DEFINE EXEMPLARY PRACTICE  
IN DATA USE.

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. A BOARD OF DIRECTORS MEETING IS CALLED BY THE  
EXECUTIVE DIRECTOR TO DISCUSS THE DRAFT AND APPROVE IT FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

IUATLD, INC. HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY  
MONITORS AND ENFORCES. THE BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF

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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.

FORM 990, PART VI, SECTION B, LINE 15:

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



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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.

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

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUNDED GRANT EXPENSE	812,620.
UNCOLLECTIBLE CONTRIBUTION	-110,957.
TOTAL TO FORM 990, PART XI, LINE 9	701,663.

FORM 990, PART XI, LINE 2C:

THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.