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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
110 WILLIAM STREET 27TH FLOOR

City or town, state or country, and ZIP + 4
NEW YORK, NY 10038

D Employer identification number
13-3870223

E Telephone number
(212) 847-1111

G Gross receipts $ 83,903,747

F Name and address of principal officer
SETH BERKLEY MD
110 WILLIAM STREET 27TH FLOOR
NEW YORK, NY 10038

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW IAVI ORG

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

L Year of formation 1996

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
International AIDS Vaccine Initiative is a global initiative dedicated to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	266
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	89,326,861	81,029,914
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	162,174	2,473,833
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330,294	400,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,819,329	83,903,747
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	49,356,870	47,879,558
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,980,215	26,518,280
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,368,717		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,325,816	17,611,018
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,662,901	92,008,856
19	Revenue less expenses Subtract line 18 from line 12	-1,843,572	-8,105,109
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	145,334,412	137,313,814
21	Total liabilities (Part X, line 26)	22,289,137	23,185,647
22	Net assets or fund balances Subtract line 21 from line 20	123,045,275	114,128,167

Part II Signature Block

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

Sign Here

****** | 2010-08-30
Signature of officer | Date

LINN DORIN Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOHN BAIARDI	Date	Check if self-empolyed ▶ ☑	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MITCHELL & TITUS LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004			EIN ▶ Phone no ▶ (212) 709-4500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

International AIDS Vaccine Initiative is a global initiative dedicated to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 68,197,724 including grants of $ 46,220,111) (Revenue $)

IMPLEMENTING AN EXPANDED RESEARCH AND DEVELOPMENT PROGRAM THAT NOT ONLY CATALYZES ACTION BY MULTIPLE STAKEHOLDERS BUT HELPS DRIVE THE FIELD EXPENDITURES RELATED TO THESE ACTIVITIES ARE CLASSIFIED AS RESEARCH AND DEVELOPMENT

4b (Code) (Expenses $ 8,568,017 including grants of $ 1,121,144) (Revenue $)

SEARCHING AND SUSTAINING HIGH-LEVEL GLOBAL COMMITMENT FOR ACCELERATED VACCINE RESEARCH AND DEVELOPMENT ENGAGING AS PARTNERS THE COUNTRIES MOST AFFECTED BY THE EPIDEMIC AND WHERE THE NEED FOR A VACCINE IS MOST PRESSING EXPENDITURES RELATED TO THESE ACTIVITIES ARE CLASSIFIED AS VACCINE ADVOCACY AND EDUCATION

4c (Code) (Expenses $ 1,890,728 including grants of $ 206,651) (Revenue $)

PROMOTING ADOPTION OF PUBLIC POLICIES THAT SUPPORT RAPID DEVELOPMENT AND DISTRIBUTION OF PREVENTIVE VACCINES EXPENDITURES RELATED TO THESE ACTIVITIES ARE CLASSIFIED AS POLICY/ACCESS AND RESEARCH AND DEVELOPMENT

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 78,656,469

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	96		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	266		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ UK , KE , IN , SF See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Linn Dorin
110 William Street 27 th floor
New York, NY 10038
(212) 847-1133

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	2,738,006	0	368,503

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 71

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Australian Biologics Pty Ltd PO BOX 587 CRAIGIEBURN, VICTORIA, AUSTRA, 0 3064 AS	Consultant	388,500
Claudia Schmidt SCHELLEINGASSE 6/16 VIENNA, AUSTRIA, 0 A-1040 AU	Consultant	242,900
Oxford University JOHN RADCLIFFE HOSPITAL HEADINGTON, ENGLAND, 0 UK	Consultant	242,270
Jean-Louis Excler 11A ROUTE DE DUILLIER TRELEX, SWITZELAND, 0 1270 SZ	Consultant	221,863
Alexandre V Menezes RAU PAULO CESAR DE ANDREADE RIO DE JANIERO, BRAZIL, 0 70/403 BR	Consultant	151,775
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 10		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 69,072,367				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 11,957,547				
	g	Noncash contributions included in lines 1a-1f $ 292,322				
	h	**Total.** Add lines 1a-1f . . . . . ▶	81,029,914			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,162,202			2,162,202
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,123,618 / -811,987				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss): 1,123,618 / -811,987				
	d	Net gain or (loss) . . . . . ▶	311,631	0	0	311,631
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900,099	400,000	400,000		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	400,000			
	12	**Total revenue.** See Instructions . . . ▶	83,903,747	400,000	0	2,473,833

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	28,687,151	28,687,151		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	19,192,407	19,192,407		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,106,569	1,569,766	1,536,803	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	18,468,712	13,376,034	3,711,653	1,381,025
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,534,779	992,195	413,163	129,421
9	Other employee benefits	1,980,711	1,354,244	492,342	134,125
10	Payroll taxes	1,427,509	917,842	404,994	104,673
11	Fees for services (non-employees)				
a	Management	3,770,352	2,776,968	774,336	219,049
b	Legal	739,973	168,474	571,499	0
c	Accounting	230,256	0	230,256	0
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	150,995	0	150,995	0
g	Other	732,580	388,519	246,930	97,130
12	Advertising and promotion	621,044	585,027	0	36,017
13	Office expenses	1,610,654	1,166,884	399,801	43,969
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,564,203	1,480,270	1,002,090	81,842
17	Travel	1,651,485	1,397,240	208,948	45,297
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,314,773	1,100,759	157,412	56,603
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,954,797	2,519,046	404,605	31,146
23	Insurance	491,208	391,006	97,554	2,648
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	EQUIPMENT RENTAL AND MAINTENAN	598,462	520,548	72,985	4,929
b	BOARD DEVELOPMENT	2,275	1,273	807	195
c	DUES AND MEMBERSHIPS	50,489	12,139	38,350	0
d	LICENSE AND FEES	45,369	5,766	39,603	0
e	MISCELLANEOUS	82,103	52,911	28,544	648
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	92,008,856	78,656,469	10,983,670	2,368,717
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		41,731,887	2	41,687,773
	3	Pledges and grants receivable, net		36,508,328	3	26,192,955
	4	Accounts receivable, net		2,023,174	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		12,878,129	7	12,848,129
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,013,565	9	2,215,821
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 21,244,419			
	b	Less accumulated depreciation	10b 11,811,239	9,134,054	10c	9,433,180
	11	Investments—publicly traded securities		37,571,427	11	44,176,818
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		473,848	15	759,138
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		145,334,412	16	137,313,814
Liabilities	17	Accounts payable and accrued expenses		3,393,512	17	484,235
	18	Grants payable		7,046,548	18	11,158,637
	19	Deferred revenue		11,200,000	19	10,400,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		649,077	25	1,142,775
	26	**Total liabilities.** Add lines 17 through 25		22,289,137	26	23,185,647
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		117,763,523	27	105,401,377
	28	Temporarily restricted net assets		5,281,752	28	8,726,790
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		123,045,275	33	114,128,167
	34	Total liabilities and net assets/fund balances		145,334,412	34	137,313,814

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	40,283,855	73,705,183	92,837,754	89,179,695	81,029,914	377,036,401
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	40,283,855	73,705,183	92,837,754	89,179,695	81,029,914	377,036,401
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public Support.** Subtract line 5 from line 4						377,036,401

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	40,283,855	3,996,962	92,837,754	89,179,695	81,029,914	377,036,401
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,226,470	3,996,962	4,509,989	3,502,080	2,162,202	17,397,703
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	23,798	38,295	41,681	330,294	400,000	834,068
11 **Total support** (Add lines 7 through 10)						395,268,172

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	95 388 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	95 047 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
INTERNATIONAL AIDS VACCINE INITIATIVE INC	13-3870223

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	9,685	
c Total lobbying expenditures (add lines 1a and 1b)	9,685	
d Other exempt purpose expenditures	91,848,176	
e Total exempt purpose expenditures (add lines 1c and 1d)	91,857,861	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	29,334	30,973	45,930	9,685	115,922
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,846,735	2,183,861	1,662,874
d Equipment		15,928,516	8,780,153	7,148,363
e Other		1,469,168	847,225	621,943
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,433,180

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED RENT PAYABLE	479,900
DEFERRED COMPENSATION PAYABLE	662,875
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,142,775

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Research/Advocacy/Poli	1,429,505
Europe (Including Iceland and Greenland)	1	11	Program Services	Support of Program Ser	8,586,217
North America	0	0	Program Services	Research/Advocacy/Poli	114,746
South America	0	0	Program Services	Research/Advocacy/Poli	42,015
South Asia	1	8	Program Services	Research/Advocacy/Poli	474,637
Sub-Saharan Africa	2	22	Program Services	Research/Advocacy/Poli	11,999,481
Totals . . . . . ▶	4	41			22,646,601

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 . . . . . ▶ 23

3 Enter total number of other organizations or entities . . . . . ▶ 48

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	Schedule F, Part IV	The organization has a compliance unit with a compliance officer located in East Africa that monitors the adherence of sub-grantees to the contract and donor terms which includes routine compliance and substantive audits, routine internal control questionnaires, and in-dept review of quarterly reports of sub-grantees on a regular basis

Additional Data

Software ID:
Software Version:
EIN: 13-3870223
Name: INTERNATIONAL AIDS VACCINE INITIATIVE INC

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	PROGRAM SUPPORT	5,626	CHECK			
		Sub-Saharan Africa	LAB SUPPLIES	5,828	CHECK			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	6,212	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	6,218	CHECK			
		Sub-Saharan Africa	LAB SUPPLIES	6,332	CHECK			
		Sub-Saharan Africa	LAB SUPPLIES	7,054	CHECK			
		Sub-Saharan Africa	PROGRAM SUPPORT	8,163	WIRE			
		South America	PROGRAM SUPPORT	8,516	WIRE			
		East Asia/Pacific	PROGRAM SUPPORT	10,000	CHECK			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	10,156	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	10,595	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	10,764	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	10,764	WIRE			
		South Asia	PROGRAM SUPPORT	11,512	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	11,817	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	13,399	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	13,812	WIRE			
		Sub-Saharan Africa	LAB SUPPLIES	15,140	CHECK			
		South America	PROGRAM SUPPORT	15,999	WIRE			
		South America	PROGRAM SUPPORT	17,500	WIRE			
		Sub-Saharan Africa	LAB SUPPLIES	19,252	CHECK			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	19,508	WIRE			
		North America	PROGRAM SUPPORT	24,181	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	33,000	WIRE			
		North America	PROGRAM SUPPORT	35,000	CHECK			
		East Asia/Pacific	PROGRAM SUPPORT	35,800	CHECK/WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	35,835	WIRE			
		South Asia	PROGRAM SUPPORT	37,997	CHECK/WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	38,500	CHECK			
		East Asia/Pacific	PROGRAM SUPPORT	39,097	CHECK			
		South Asia	PROGRAM SUPPORT	45,684	CHECK			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	CLINICAL SUPPLIES	46,935	WIRE			
		Sub-Saharan Africa	LAB SUPPLIES	48,622	CHECK			
		South Asia	PROGRAM SUPPORT	50,772	WIRE			
		Europe/Iceland/Greenland	LAB SUPPLIES	54,843	WIRE			
		South America	PROGRAM SUPPORT	55,565	CHECK			
		Sub-Saharan Africa	PROGRAM SUPPORT	59,736	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	60,923	CHECK			
		South Asia	PROGRAM SUPPORT	61,222	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	65,504	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	76,363	WIRE			
		East Asia/Pacific	PROGRAM SUPPORT	93,000	CHECK			
		East Asia/Pacific	PROGRAM SUPPORT	99,328	WIRE			
		Europe/Iceland/Greenland	LAB SUPPLIES	101,161	CHECK			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	123,503	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	135,331	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	145,000	CHECK/WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	161,007	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	170,392	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	173,935	WIRE			
		East Asia/Pacific	PROGRAM SUPPORT	201,395	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	208,596	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	216,445	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	221,195	CHECK			
		Sub-Saharan Africa	CLINICAL SUPPLIES	223,704	CHECK/WIRE			
		South Asia	PROGRAM SUPPORT	225,989	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	232,152	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	260,235	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	304,956	CHECK			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	335,356	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	458,861	WIRE			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	PROGRAM SUPPORT	539,668	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	869,710	WIRE			
		East Asia/Pacific	PROGRAM SUPPORT	950,885	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	991,971	WIRE			
		Europe/Iceland/Greenland	PROGRAM SUPPORT	1,032,793	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	1,285,954	CHECK/WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	1,321,576	WIRE			
		Sub-Saharan Africa	CLINICAL SUPPLIES	1,353,624	CHECK/WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	1,642,657	WIRE			
		Europe/Iceland/Greenland	LAB SUPPLIES	3,829,923	WIRE			
		Sub-Saharan Africa	PROGRAM SUPPORT	3,597,319	WIRE			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 33

3 Enter total number of other organizations . . . ▶ 70

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	The organization has a compliance unit with a compliance officer located in East Africa that monitors the adherence of sub-grantees to the contract and donor terms which includes routine compliance and substantive audits, routine internal control questionnaires, and in-dept review of quarterly reports of sub-grantees on a regular basis

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-3870223
Name: INTERNATIONAL AIDS VACCINE INITIATIVE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Abcam IncPO Box 3460 Boston, MA 022413460	06-1682607		5,125				RESEARCH LAB SUPPLIES
ABT Associates IncHampden Square Suite 600 4800 Mont Bethesda, MA 208145341	04-2347643		33,143				PROGRAM SUPPORT
Advanced BioAdjuvants LLC Totalc/o 14104 S Street Omaha NE 68137 OMAHA, NE 68137	43-2019170		20,100				RESEARCH LAB SUPPLIES
Advanced BioScience Laboratories Inc5510 Nicholson Lane Kensington, MD 20895	62-1242262		24,606				SMALL AMINALS
Agilent Technologies Inc530 Stevens Creek Blvd Santa Clara, CA 95051	77-0532250		16,089				RESEARCH LAB SUPPLIES
AIDS Vaccine Advocacy Coalition101 West 23rd Street New York, NY 10011	94-3240841	501c3	25,000				PROGRAM SUPPORT
Aldevron LLC3233 15th St S Fargo, ND 58104	45-0451327		57,836				RESEARCH LAB SUPPLIES
American Cancer Society250 williams street ATLANTA, GA 30303	13-1788491	501c3	10,000				PROGRAM SUPPORT
Ana Spec Incorporated2149 OToole Avenue Suite F San Jose, CA 95131	77-0328334		153,991				RESEARCH LAB SUPPLIES
Applied BiosystemsPO Box 88976 Chicago, IL 606951976	06-1534213		32,993				RESEARCH LAB SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Avatar Medical LLC20-A 7th Avenue Brooklyn, NY 11217	22-3647020		439,814				PROGRAM SUPPORT
BD Biosciences21588 Network Place Chicago, IL 60673	22-0760120		116,370				RESEARCH LAB SUPPLIES
Beckman CoulterDept CH 10164 Palatine, IL 600550164	26-1126986		36,308				RESEARCH LAB SUPPLIES
Bio Medic Data Systems Total1 Silas Road Seaford, DE 19973	04-2649014		5,464				RESEARCH LAB SUPPLIES
BIOCON INC Total649 LOFSTRAND LANE ROCKVILLE, MD 20850	52-1130144		5,264				SMALL AMINALS
Bio-Rad Laboratories2000 Alfred Nobel Drive Hercules, CA 94547	94-2485431		26,050				RESEARCH LAB SUPPLIES
Blue Heron Biotechnology Inc 22310 20th Avenue SE Suite 100 Bothell, WA 98021	52-2183425		6,884				RESEARCH LAB SUPPLIES
BOOKFACTORY2302 S Edwin C Moses Blvd DAYTON, OH 45417	35-2182473		6,456				RESEARCH LAB SUPPLIES
Childrens Hospital of Philadelphia3535 Market Street 12th floor PHILADELPHIA, PA 19104	23-1352166	501c3	439,607				PROGRAM SUPPORT
Cincinnati Children's Hospital Medical Center3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c3	262,037				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORAM & ASSOCIATES INC601 Route 206 Hillsborough, NJ 08844	22-3276764		5,109				CLINICAL SUPPORT CONSULTANT
Cornell University147 Biotechnology Building Ithaca, NY 14853	15-0532082	501c3	8,831				RESEARCH LAB SUPPLIES
Covance Research Products Inc5858 Horton Street Suite 500 Emeryville, CA 96408	22-3265977		414,990				SMALL AMINALS
Dana Farber Cancer Institute JFBDepartment of Cancer Immunology A Boston, MA 02115	04-2263040	501c3	502,498				PROGRAM SUPPORT
Daniel J Edelman Inc1500 Broadway Attention of Chris D New York, NY 10036	36-2368817		12,150				PROGRAM SUPPORT
DavosPharma600 E Cresent Avenue UPPER SADDLE RIVER, NJ 07458	22-1974050		5,250				RESEARCH LAB SUPPLIES
Diamgi Inc529 Main Street Ste 606 CHARLESTOWN, MA 02129	83-0343298		23,751				SMALL AMINALS
Division of Laboratory Animal ResourcesSUNY Downstate Medical Center 450 C Brooklyn, NY 11203	13-6143215		155,722				SMALL AMINALS
eBioscience6042 Cornerstone Court West San Diego, CA 92121	33-0861421		7,770				RESEARCH LAB SUPPLIES
Emmes Corp401 N Washington Street Suite 700 Rockville, MD 20850	54-1058268		920,050				Clinical Support Consultant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Emory UniversityAttn Laurie Ferrell Rollins School Atlanta, GA 30322	58-0566256	501c3	2,209,174				PROGRAM SUPPORT
Esoterix Clinical Trial ServicesPO Box 12180 Burlington NC 27268 Burlington, NC 27216	13-3802358		56,381				PROGRAM SUPPORT
Femto Scientific1492 Morris Avenue Main Floor Ste UNION, NJ 07083	22-3104209		5,607				RESEARCH LAB SUPPLIES
Fisher BioServices Inc685 Lofstrand Lane Rockville, MD 20850	54-1348241		13,521				PROGRAM SUPPORT
Fisher Clinical Services 13741 Collections Center Drive Chicago, IL 60693	23-2544260		25,985				PROGRAM SUPPORT
Fisher ScientificPO Box 3648 Boston, MA 022413648	23-2942737		312,480				RESEARCH LAB SUPPLIES
FlowJo340 A Street 206 Ashland, OR 97520	20-4097268		5,010				RESEARCH LAB EQUIPMENT
Fred Hutchinson Cancer Research CenterHIV Vaccine Trial Network 1100 Fair Seattle, WA 98109	91-1540426	501c3	308,096				PROGRAM SUPPORT
Futures Institute41-A New London Turnpike Glastonbury, CT 06033	20-4816286	501c3	56,574				PROGRAM SUPPORT
GE Healthcare Bio-Sciences Corp800 Centennial Ave PO Box 1327 Piscataway, NJ 088551327	36-2656030		29,615				RESEARCH LAB SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Genscript Corporation120 Centennial Avenue Suite 105 Piscataway, NJ 088543900	36-4654831		10,342				RESEARCH LAB SUPPLIES
Global Vaccine InitiativePO Box 14827 Research Triangle Park, NC 27709	65-1161833	501c3	743,260				PROGRAM SUPPORT
Harvard Medical School Presand Fellows of Harvard 1350 Ma Cambridge, MA 02138	04-2103580	501c3	1,184,306				PROGRAM SUPPORT
HUMABS863 Mitten Road Suite 101 Burlingame, CA 94010	20-0568114		125,000				PROGRAM SUPPORT
Invitrogen Corporation12088 Collections Center Drive Chicago, IL 60693	06-1013754		256,730				RESEARCH LAB SUPPLIES
Johns Hopkins University Central Lockbox C/o Bank of America Chicago, IL 60693	52-0595110	501c3	31,785				PROGRAM SUPPORT
Keystone Symposia on Molecular and Cellular Biolog 221 Summit Place 272 PO Box 1630 Sliverthorne, CO 80498	84-1326605	501c3	12,000				PROGRAM SUPPORT
LabKey Software312 N 49th Street Seattle, WA 98103	20-8266728		70,870				PROGRAM SUPPORT
Mabtech IncMariemont Executive Bldg 112 3814 W Mariemont, OH 45227	36-4438356		16,840				RESEARCH LAB SUPPLIES
Massachusetts Institute of Technology77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501c3	234,879				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McKinsey & Company Inc55 East 52nd Street New York, NY 10055	13-3796161		78,990				PROGRAM SUPPORT
Membrane Sciences LLC 3550 General Atomics Court San Diego, CA 92121	55-0810465		500,000				PROGRAM SUPPORT
Miltenyi Biotec12740 Earhart Ave Auburn, CA 95602	68-0277164		6,335				RESEARCH LAB SUPPLIES
Monogram Biosciences Inc 345 Oyster Point Blvd So San Francisco, CA 94080	94-3234479		1,207,042				PROGRAM SUPPORT
Mtech Consulting Group216 Stelton Road Suite A-1 Piscataway, NJ 08854	22-3506915		5,370				RESEARCH LAB EQUIPMENT
National Cancer Institute CRADA Funds Coordinator Technology Rockville, MD 20852	52-0858115	Government	250,000				CLINICAL SUPPORT CONSULTANT
National Institute of Allergy and Infectious DiseaOffice of Technology Development At Bethesda, MD 208926606	53-0196960	Government	996,165				PROGRAM SUPPORT
New England Biolabs240 Country Road Ipswich, MA 01938	04-2776213		16,853				RESEARCH LAB SUPPLIES
Office DepotPO Box 633211 Cincinnati, OH 452633211	59-2663954		5,772				RESEARCH LAB SUPPLIES
Olympus America Inc SEG 3500 Corporate Pkwy Center Valley, PA 18034	11-2416961		10,415				RESEARCH LAB EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Health and Science University20000 North West Walker Road Beaverton, OR 97006	23-7083114	501c3	2,140,107				PROGRAM SUPPORT
PerkinElmer Life & Analytical Sciences13633 Collections Center Drive Chicago, IL 606933685	04-3361624		10,406				RESEARCH LAB SUPPLIES
Population Reference Bureau 1875 Connecticut Avenue NW Washington, DC 200095728	53-0214030	501c3	42,062				PROGRAM SUPPORT
Portal Solutions9210 Corporate Blvd Suite 360 Rockeville, MD 20850	20-0181377		77,483				PROGRAM SUPPORT
Progenics Pharmaceuticals Inc777 Old Saw Mill River Road Tarrytown, NY 10591	13-3379479		22,222				RESEARCH LAB SUPPLIES
ProSci Incorporated12170 Flint Place Poway, CA 92064	33-0798993		249,999				PROGRAM SUPPORT
Protein Sciences Corporation PO Box 18182 Bridgeport, CT 066012982	06-1098847		28,050				RESEARCH LAB SUPPLIES
Puresyn Inc87 Great Valley Parkway Malvern, PA 19355	23-2727830		5,730				RESEARCH LAB EQUIPMENT
QIAGEN Inc27220 Turnberry Lane Suite 200 Valencia, CA 913551005	95-4141306		63,590				RESEARCH LAB SUPPLIES
Rainin Instrument LLC Lockbox No 13505 Newark, NJ 07188	06-1632971		19,863				RESEARCH LAB SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Research Foundation of the State University of NewPO Box 9 Albany, NY 12201	14-1368361		986,209				PROGRAM SUPPORT
Results for Development Institute1825 Connecticut Avenue NW Suite 68 Washington, DC 20009	20-8530747	501c3	13,455				PROGRAM SUPPORT
ROAM LLC1 Wolfs Lane Pelham, NY 10803	80-0303181		177,566				PROGRAM SUPPORT
Roche Diagnostics CorporationPO Box 50457 Indianapolis, IN 462500457	13-2511923		52,852				RESEARCH LAB SUPPLIES
SAFC Pharma1890 Rutherford Rd Ste 200 Carlsbad, CA 92008	43-1742718		79,439				RESEARCH LAB EQUIPMENT
Saint Mary's College of CaliforniaBusiness Office - PO Box 4200 Moraga, CA 94575	94-1156599	501c3	16,565				PROGRAM SUPPORT
Sartorius Stedim Systems Inc5 Orville Dr Bohemia, NY 11716	77-0669801		9,821				RESEARCH LAB SUPPLIES
Sigma Aldrich Inc3050 Spruce Street St Louis, MO 63103	43-1742718		55,137				RESEARCH LAB SUPPLIES
Sodablue Partners640 Broadway 5W New York, NY 10012	86-1136150		19,750				PROGRAM SUPPORT
SUNY Downstate Medical CenterSchool of Graduate Studies - 450 Cl Brooklyn, NY 11203	14-6013200	501c3	77,348				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TechAirPO Box 229 Danbury, CT 068130229	13-2897630		33,163				RESEARCH LAB SUPPLIES
The Aaron Diamond AIDS Research Center Inc455 First Avenue New York, NY 10016	13-3540234	501c3	200,000				PROGRAM SUPPORT
The Board of Trustees of the Universty of Alabama701 20th Street AB 1170 Birmingham, AL 35294	63-6005396	501c3	49,999				PROGRAM SUPPORT
The Rockefeller UniversityPO Box 419107 Kansas City, MO 641416107	13-1624158	501c3	431,740				PROGRAM SUPPORT
The Scripps Research Institute10550 North Torrey Pines Road La Jolla, CA 92037	33-0435954	501c3	2,216,178				PROGRAM SUPPORT
The Weill Medical College Cornell University1300 York Avenue New York, NY 10021	13-6094042	501c3	424,316				PROGRAM SUPPORT
THERACLONE SCIENCES INC1124 COLUMBIA STREET SUITE 300 SEATTLE, WA 98104	56-2442890		1,149,443				PROGRAM SUPPORT
Thermo Fisher ScientificPO BOX 712480 Cinnnati OH 45271 Cinnnati, OH 45271	36-4087754		1,673	13,767			RESEARCH LAB SUPPLIES
TRILINK BIOTECHNOLOGIES INC 9955 MESA RIM ROAD SAN DIEGO, CA 92121	33-0717753		6,326				RESEARCH LAB SUPPLIES
University of California Davis The Regents of US - PO Box 989062 Davis, CA 957989062	94-6036494		32,637				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Maryland BaltimoreOffice of Sponsored Research -110 S Baltimore, MD 21201	52-6002033		42,088				PROGRAM SUPPORT
University of Minnesota450 McNamara Alumni Center 200 Oak Minneapolis, MN 55455	41-6042488	Government	426,647				PROGRAM SUPPORT
University of Pennsylvaniap-221 Franklin Building 3451 Walnut Philadelphia, PA 191046205	23-1352685	501c3	230,000				PROGRAM SUPPORT
University of PittsburghPO Box 371220 Pittsburgh, PA 152517220	25-0965591	501c3	864,116				PROGRAM SUPPORT
University of Rochester - Infectious Diseases UnitUniv of Rochester Med Ctr Infectiou Rochester, NY 14642	16-0743209	501c3	278,363				PROGRAM SUPPORT
University of Washington Carol A Zuiches Asst VP for Rese Seattle, WA 981054683	91-6001537	Government	527,209				PROGRAM SUPPORT
University of Wisconsin - National Primate Researc 1220 Capitol Court Madison, WI 53715	39-6006492		92,665				PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN PATHOLOGY DEPT OF PATHOLOGY LAB MEDICINIE - Madison, WI 537061532	39-6006492		5,040				PROGRAM SUPPORT
University of Wisconsin-MadisonResearch Sponsored Program 21 Nor Madison, WI 537151218	39-6006492		480,496				PROGRAM SUPPORT
Veterans Medical Research Foundation San Diego3350 La Jolla Village Drive 151A San Diego, CA 92161	33-0189397	501c3	368,002				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vical10390 Pacific Center Court San Diego, CA 921214340	93-0948554		24,300				PROGRAM SUPPORT
VWR InternationalP O Box 640169 Pittsburgh, PA 152640169	56-2445503		373,086				RESEARCH LAB SUPPLIES
Weber Shandwick676 North St Clair Chicago, IL 60601	22-2752668		5,443				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Seth Berkley MD	(i)	436,724	82,500	33,835	26,950	19,512	599,521	542,103
	(ii)	0	0	0	0	0	0	0
Linnea Dorin CPA	(i)	279,872	18,000	1,002	26,950	19,512	345,336	291,970
	(ii)	0	0	0	0	0	0	0
Wayne Koff	(i)	312,452	18,000	1,002	26,950	19,512	377,916	325,306
	(ii)	0	0	0	0	0	0	0
Labeeb Abboud	(i)	242,451	18,000	23,002	26,950	7,274	317,677	275,249
	(ii)	0	0	0	0	0	0	0
Lisa-Ann Beyer	(i)	222,986	15,750	1,005	20,156	19,261	279,158	228,255
	(ii)	0	0	0	0	0	0	0
Thomas Hassell	(i)	262,732	25,000	12,888	26,950	20,687	348,257	0
	(ii)	0	0	0	0	0	0	0
Patricia Fast	(i)	251,355	15,533	1,002	26,950	13,404	308,244	264,171
	(ii)	0	0	0	0	0	0	0
Christopher Parks	(i)	208,921	11,561	350	22,211	13,165	256,208	212,596
	(ii)	0	0	0	0	0	0	0
Michael Goldrich	(i)	213,074	28,350	659	18,658	13,451	274,192	335,765
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J, Part III	John McGoldrick and Michael Goldrich both contributed to 403b plans

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3	60,811	cost or selling prop
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Equipment)	X	2	231,511	cost or selling prop
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	The governing documents and the conflict of interest policy are available at the company's website The financial statements are available upon demand
Senior Management	Form 990, Part VI, Question 15b	Using benchmark Job classifications, once every 2 years IAVI commissions a compensation survey, across all its offices to determine the competitiveness of its compensation programs and to enable the organization to continue to attract and retain the right talent in these various markets In most cases the local labor market is considered and for certain positions, regional markets must be targeted The result of each survey are reviewed with the compensation committee of the board, which give management overall guidance on compensation direction Based on recommendation and guidance of the compensation committee, the Executive Office and Human Resources, communicate changes to any affected employees Any compensation changes are determined based on external competiveness relative internal value, individual performance and team dynamic
CEO	Form 990, Part VI, Question 15a	Once every two years , the compensation committee of the board, commissions a comparative compensation survey of the CEO's compensation package The survey compares compensation packages of CEO's of organizations that are comparable to IAVI The committee reviews the results of the survey and recommendations made, discusses this with the board before providing specific guidance and approval to IAVI's Management The compensation committee determines the appropriate package for the CEO and the board chair shares this information with Human Resources for implementation IAVI engages an external specialized firm with expertise to conduct the survey and provide recommendation to the compensation committee
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	IAVI has a Conflict of Interest Policy which applies to all board and advisory committee members, management, staff and consultants The policy requires that all board and advisory committee members, as well as the senior management, file an annual disclosure form, indicating whether there are any potential or actual conflicts as defined under the policy In addition, all staff and consultants, as well as senior management and board and advisory committee members, are required to disclose any potential or actual conflicts on an ongoing basis Annual disclosure forms, as well as any other Conflict of Interest disclosures during the course of the year, are filed with the General Counsel, who reviews such disclosures with the Chief Operating Officer/Compliance Officer and/or the Board Audit Chair, depending on the nature of the conflict Depending on the nature of the conflict, and mitigation actions taken, etc , management or the Board may require additional efforts to mitigate or manage such conflicts on an ongoing basis
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	The Audit and Finance Committee reviews the form 990 in detail with the CFO It is then sent to the full Board for a final review before it is filed

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
IAVI Holdings LLC (Design & Develp Lab) 110 William Street 27th Floor New York, NY10038 26-2032322	Holding Company	DE	na	C	-865	13,692,439	100 000 %
Stichting IAVI Heregrancht 208 1016 BS Amsterdam, Amsterdam NL	Research Support	NL	na	C	584,380	1,561,422	100 000 %
IAVI Historic Holding LLC 110 William Street 27th Floor New York, NY10038 26-3632621	HOLDING COMPANY	DE	na	C	-1,668,343	2,012,858	100 000 %
IAVI LAB LLC 110 WILLIAM STREET 27TH FLOOR NEW YORK, NY10038 26-2031769	HOLDING COMPANY	DE	HISTORIC HOLDIN	C	0	0	80 000 %

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	No
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	IAVI Holdings LLC	b	585,452
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 13-3870223
Name: INTERNATIONAL AIDS VACCINE INITIATIVE INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Alex Godwin Coutinho MDMSCMPH Board Member	1 0	X						0	0	0
John D Evans Treasurer	1 0	X		X				0	0	0
Angela Gomez de Mogolion Board Member	1 0	X						0	0	0
Michel Kazatchkine MD Board Member	1 0	X						0	0	0
Ian Gust MD Board Secretary	1 0	X		X				0	0	0
Michel Kazatchkine MD Board Member	1 0	X						0	0	0
Paul H Klingenstein Board Chair	1 0	X		X				0	0	0
Reinhard Kurth MD Board Member	1 0	X						0	0	0
Geoffrey Lamb Dphil Board Member	1 0	X						0	0	0
Stephen Lewis Board Member	1 0	X						0	0	0
Julian Lob-Levyt MBChB DRCOG Board Member	1 0	X						0	0	0
Helen Rees MD Board Member	1 0	X						0	0	0
Kapil Sibal JD Board Member	1 0	X						0	0	0
Anne M VanLent Board Member	1 0	X						0	0	0
Seth Berkley MD President & CEO	35 0			X				553,059	0	46,462
Linnea Dorin CPA Sr VP of operations/CFO	35 0			X				298,874	0	46,462
Wayne Koff Sr VP Research & Development	35 0			X				331,454	0	46,462
Labeeb Abboud Sr VP General Counsel	35 0					X		283,453	0	34,224
Lisa-Ann Beyer VP Communications	35 0					X		239,741	0	39,417
Thomas Hassell VP Vaccine Development R&D	35 0					X		300,620	0	47,637
Patricia Fast Chief Medical Officer	35 0					X		267,890	0	40,354
Christopher Parks Senior Director WD- R&D	35 0					X		220,832	0	35,376
Michael Goldrich COO	35 0						X	242,083	0	32,109

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIPMENT RENTAL AND MAINTENAN	598,462	520,548	72,985	4,929
BOARD DEVELOPMENT	2,275	1,273	807	195
DUES AND MEMBERSHIPS	50,489	12,139	38,350	0
LICENSE AND FEES	45,369	5,766	39,603	0
MISCELLANEOUS	82,103	52,911	28,544	648