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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) Department of the Treasury

Open to Public

OMB No 1545-0047

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

Inspection For the 2009 calendar year, or tax year beginning January 1 2009, and ending December 31 . 20 09 D Employer identification number C Name of organization International Vaccine Institute Check if applicable Please use IRS Doing Business As 1621592 31 Address change tabel or F print o Number and street (or PO box if mail is not delivered to street address) Room/suite Telephone number □ Name change type See 881-1116 San 4-8 Bongcheon 7 dong, Kwanak gu (822) Initial return City or town, state or country, and ZIP + 4 Terminated Instruc Seoul, Korea 151-919 26.964.833 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending Same as C above **H(b)** Are all affiliates included? ☐Yes ☐ No Tax-exempt status √ 501(c) (3)

√ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.ivi.int H(c) Group exemption number > Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► NFP 1997 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The IVI's mission is to combat infectious diseases through innovations in vaccine design, development and introduction, addressing the needs of people Activities & Governance in developing countries with the vision that the effective control of poverty-related infectious diseases is achieved through the accelerated and sustainable introduction of new-generation vaccines. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). . RECEIVED. 4 21 Number of independent voting members of the governing body (Part-VI; line-1b) ກ**5** 0 Total number of employees (Part V, line 2a) AUG 1 1 2010 ĥ 0 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C) June 12 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 7,471,717 6,705,422 8 Contributions and grants (Part VIII, line 1h) 17,873,154 18,141,451 Program service revenue (Part VIII, line 2g) 974,973 1,219,005 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 920,278 1,142,987 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,484,154 26,964,833 7,694,758 6,818,494 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4). 8,827,733 9,035,320 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,221,408 8,701,136 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 25.743.899 24,554,950 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 1,740,255 2,409,883 Assets or Balances **Beginning of Current Year** End of Year 45,337,394 20 Total assets (Part X, line 16) 35,923,321 Total liabilities (Part X. line 26) 24,419,936 31,424,127 21 Net assets or fund balances. Subtract line 21 from line 20 11,503,385 13.913.267 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 4 August, 2010 Sian Here , Deputy Director General for Administration and Finance Michael Groon F.L Type or print name and title Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours FIN **Úse Only** if self-employed), address, and ZIP

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

Phone no ► (

No

✓ Yes

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. IVI's mission is to combat infectious diseases through innovations in vaccine design, development and introduction, while addressing the needs of people in developing countries; its vision that the effective control of poverty-related infectious diseases can be achieved through accelerated and sustainable introduction of new-generation vaccines.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
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 \$ 9,157,140 including grants of \$) (Revenue \$ 8,998,466) The Pediatric Dengue Vaccine Initiative(PDVI) is a project funded at over US\$56 million by the Bill & Melinda Gates
	Foundation and the Rockefeller Foundation. It was launched in 2002 to accelerate the introduction of safe and effective dengue vaccines for children in dengue-endemic countries. The program, which operates in several
	countries in Asia and Latin America, focuses on the development of improved diagnostic tests for identifying
	dengue patients in developing country settings; the support of field trials of promising dengue vaccine candidates;
	the collection and dissemination of epidemiological, economic and other evidence needed by policymakers
	to make rational decisions about the use of dengue vaccines, once they become available; and assuring access by developing countries to appropriate, affordable dengue vaccines by coordinating and promoting plans with
	partners for national and international vaccine production and procurement, distribution and financing.
4b	(Code:) (Expenses \$ 2,618,402 including grants of \$) (Revenue \$ 2,326,996)
	The five-year, US\$22 million Cholera Vaccine Initiative(CHOVI), funded by the Bill & Melinda Gates Foundation was
	initiated in 2006 to advance the development and the use of new-generation cholera vaccines for both endemic and
	epidemic disease control. CHOVI focuses on ensuring the availability of a low-cost, effective oral killed whole-cell
	(WC) cholera vaccine reformulated by the IVI, as well as technology transfer to qualified producers in India and provision of technical assistance; and the provision of technical assistance for local licensing and WHO
	pre-qualification of this vaccine. The IVI also assists with the implementation of a clinical development plan for the single-dose live oral cholera vaccine candidate, Peru-15.
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4c	(Code:) (Expenses \$ 1,680,275 including grants of \$) (Revenue \$ 1,545,108) In October 2007, the Bill&Melinda Gates Foundation provided a five-year grant to the IVI to implement the Vi-based
	Vaccines for Asia(VIVA) Initiative. VIVA builds upon the achievements of the DOMI Typhoid Program in five Asian
	counties. The aim of the VIVA Initiative is to reduce typhoid fever mortality and morbidity in infants and children in
	in typhoid-endemin countiries by accelerating the adoption of Vi vaccines and the technical development, clinical
	evaluation and licensure of affordable Vi conjugate vaccines. This Initiative will help to set the stage for countries and
	technical agencies to implement the updated WHO recommendations on typhoid vaccines issued in February 2008, which call for typhoid vaccination of children in high-risk areas of endemic countries using new-generation vaccines.
	2
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 8,833,342 including grants of \$) (Revenue \$ 6,246,793)
4e	Total program service expenses ▶ 22 289 159

Pai	t 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_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3_	_	✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	✓	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	
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	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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		✓
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	✓	
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_✓_

Pa	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
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	✓	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		<u> </u>
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	✓	
~ 1	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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
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		1
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	_	✓
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_		✓
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		√
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		✓	,

b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	No
U.S. Information Returns. Enter -0 - if not applicable be their the number of Forms W-2G included in line 1a. Enter -0 - if not applicable degrams and reportable gaming (gambling) winnings to prize winners? 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 be fat aleast 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country, !	
b Enter the number of Forms W-2G included in line 1a. Enter -0 - if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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? b if "Yes," enter the name of the foreign country. \(\) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? fi "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? for Yes" did the organization shelf the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c 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? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organizat	
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Statements, filed for the calendar year ending with or within the year covered by this return 2 b f 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country. It is mistructions 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? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6b 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? 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization, during the year, pay premium	
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p For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓
required?	
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?	✓
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	<u>√</u>
The tree organization make a desired to a desired advised, or related personnic	✓
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII line 12	
a Initiation fees and capital contributions included on Part VIII, line 12	
11 Section 501(c)(12) organizations. Enter.	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	<u>√</u>

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	_8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		_	i
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓	
	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		_	
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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?			
	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		√
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			
<u></u>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 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 inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	the	
	organization There is no individual person who possesses the books and records of the organization	<u>!</u>	-	-
	All documents are kept in a sparate place.			

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	mpensate	any (curr	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	checl	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ragnar Norby								1.750		
Chairman/Board of Trustee		✓						1,750		
Margaret Ann Liu								1,500		
Vice Chairman/Board of Trustee		✓	<u> </u>					1,500		
Gorgon Dougan								500		
Director/Board of Trustee		✓						300		
Roger Glass										
Director/Board of Trustee		✓								
Michel Greco								1,000		
Director/Board of Trustee		✓					<u> </u>	1,000		
Nguyen Tran Hien								500		
Director/Board of Trustee		✓	_							
Julian Lob-Levyt										
Director/Board of Trustee		✓				ļ	ļ.,			
Francisco Songane		_						1,250		
Director/Board of Trustee	•	✓	_					1,200		
Abdul Rahman Al Awadi			-							
Director/Board of Trustee		✓	_							
Margaret Chan										
Director/Board of Trustee		✓					_			
Akira Homma										
Director/Board of Trustee		✓								
Nay Htun								1,000		
Director/Board of Trustee		✓						1,000		
Nyoman Kandun										
Director/Board of Trustee		✓_								
Shin Bok Kim								1,500		
Director/Board of Trustee		✓					<u> </u>			
Young Soo Shin										
Director/Board of Trustee		✓		_	<u> </u>		L.			
Dong Ik Shin										
Director/Board of Trustee		$oxed{}$								

Pai	art VII Section A. Officers, Directors, Trustees, Key Employees, and				d Hig	hest	Compensated	d Employees (d	ontinu	:ed)			
	(A) (B)				(6	C)			(D)	(E)	1	(F)	
	Name and title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	co) o	Estimate amount other impensa from the organizate and relate rganizate	of ation ne tion ted
	Mari Larsdotter Svennerhom			İ									
	ctor/Board of Trustee		✓	L		<u> </u>	L						
	M Van Der zeijst			Ì									
	ctor/Board of Trustee		1	<u> </u>		_					 		
	os Segovia												
	ctor/Board of Trustee		✓	<u> </u>									
	rge Bickerstaff								1,250				
	ctor/Board of Trustee y Smant		✓	<u> </u>		ļ			.,200		_		
-	ctor/Board of Trustee		١.						1,750		-		
	ie Paule Kieny		/	├					,				
	ctor/Board of Trustee		,			l					1		
	n D. Clemens		✓	\vdash							+		
Dire	ctor/Board of Trustee		1		1			i	559,296				
	hael Goon F.L uty Director General for Admin &				,				245,975				
_	old Margolis			-	✓			H					
Dep	uty Director General of IVI for PDVI				✓				271,569				
	il Czerkinsky								273,803				
	uty Director General for Lab. Science			L	✓			Ш	273,003				
	hael Favorov			1					206,329				
	uty Director General for TRD		ļ		✓						-		
	rge William Letson ctor of the Vaccine Evaluation					1			200,210				
Sco	tt Halstead					Ė			202.000	-			
Dire	ctor,Supportive research &					1			208,200				
_1b	Total	<u> </u>						•	2,901,081	Including lis	t c	of Sch	ı. J-2
2	Total number of individuals (including but i		to the	ose	liste	ed a	above) wh	no received mo	ore than \$100,0	000 ın		
	reportable compensation from the organiza	ation ► 25											
											_	Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3	-	1
4	For any individual listed on line 1a, is the s							anc	· · · · · · · · · · · · · · · · · · ·	neation from		\top	
7	the organization and related organizations												
	individual			,.		•					4	✓	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	sens	satio	on f	rom a	any	unrelated orga	anızatıon for	5	-	
Sec	etion B. Independent Contractors	700, 001110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30,,,	-		101 0	4017					
1	Complete this table for your five highest or	ompensate	d ind	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00.00	10 of	
	compensation from the organization.												
	(A) Name and business address						(B) Description of se	ervices		(C) ensation	n		
		. .						<u> </u>					
								<u> </u>	<u> </u>				
2	Total number of independent contractors (i	ncluding bi	ut not	lım	ıted	to 1	hose	liste	ed above) who	received			
	more than \$100,000 in compensation from								·				

Form 9									Page 9
Par	t VIII	Statement of Re	venue						(5)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a					
gra	b	Membership dues .		1b					
ffs, ran		Fundraising events .		1c	36,054		,		į
ig ig		Related organizations	•	1d	C 242 545		İ		
ons sin	e	Government grants (contr		<u>1e</u>	6,312,515				
buti	f	All other contributions, gifts,		1f	356,853	į			
	_	and similar amounts not inclu- Noncash contributions include			908,532		i		
S g	h	Total. Add lines 1a-1f		· ·	▶	6,705,422			
					Business Code				
Program Service Revenue	2a								
æ	b	CHOVI				2,326,996	2,326,996		
Κ	С	PDVI				8,998,466	8,998,466		
Sel	d	Cholera Stockpile (W	(HO)			423,184	423,184		
ram	e					1,545,108	1,545,108 4,847,696		-
rog	g	All other program serve Total. Add lines 2a-2f			•	4,847,696 18,141,451	4,647,696		
						10,141,431			
	3	Investment income (income other similar amounts)	_		_	974,973	974,973		
	4	Income from investment of			•				
	5	Royalties			▶				
			(i) Real		(ii) Personal				
	6a	Gross Rents		1,229					
	1	Less. rental expenses		6,370			Ì		
	1 .	Rental income or (loss)		4,859		444.050			
	d	Net rental income or (le	(i) Secunti	•	>	144,859			
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other	ŀ			
	<u>_</u>	Less: cost or other basis							
	"	and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)			.				
nue	8a	Gross income from							
/en		events (not including \$							
Æ		of contributions reporte See Part IV, line 18		-					
ē				· a	 -				
Other Reve		Less. direct expenses Net income or (loss) fro	 om fundras	b sına e	vents •				
				_					
	ya	Gross income from gan See Part IV, line 19							
	ь	Less direct expenses.							
	С	Net income or (loss) fro	om gaming	actıv	ities 🕨				
	10a	Gross sales of inve	-	ss			i		
	_	returns and allowances		. a	-	\	!		
		Less: cost of goods so Net income or (loss) from		. b	orv 🕨				
	F-6	Miscellaneous Rev		ive(III	Business Code				+
	11a	Eass				1,951	1,951		
	b	FX Gains				977,771	977,771		1
	"								
	ď	All other revenue				18,406	18,406		
	1	Total. Add lines 11a-1				998,128			
	12	Total revenue. See ins	structions.		<u> ▶ </u>	26,964,833	20,114,552		

	990 (2009)				Page IU
Pa	Statement of Functional Expenses			all columnia	
	Section 501(c)(3) and 50 ⁻ All other organizations must complete colu				C), and (D).
	not include amounts reported on lines 6b, , 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	3,484,697	3.484.697		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-	-		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,333,797	3,333,797		
5	Compensation of current officers, directors, trustees, and key employees	2,237,551	1,700,211	537,340	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-		-	
7	Other salaries and wages	4,602,953	3,355,496	966,383	281,074
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	762,594	556,582	188,063	17,949
9	Other employee benefits	1,432,222	1,099,787	325,115	7,320
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management	455.045			
	Legal	155,047	75,939	74,441	4,667
	Accounting	58,645	9,039	49,606	-
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4 000 040	050 700		
g	Other	1,203,342	859,706	323,155	20,481
12	Advertising and promotion	C40 4C4	500.400	426 504	44 447
13	Office expenses	648,464 756,854	500,466	136,581	11,417
14	Information technology	7 30,034	713,844	39,196	3,814
15	Royalties	1,060,969	647,191	339,510	74 269
16	Occupancy	1,795,868	1,472,058		74,268
17	Travel	1,793,866	1,472,036	321,182	2,628
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	990,954	890,090	73,037	27,827
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	1,033,469	1,006,362	27,107	<u>-</u>
23	Insurance	172,872	75,526	97,347	-
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)				
а	Recruitment,appointment,patriation	216,997	135,564	78,796	2,636
b	Indirect cost(OH)		2,232,968	(2,232,968)	2,000
c				(/ - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / -	
d					
e					
	All other expenses	607,654	139,836	452,478	15,340
25	Total functional expenses. Add lines 1 through 24f	24,554,950	22,289,158	1,796,370	469,422
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
1	Cash—non-interest-bearing	350	1	350
2	Savings and temporary cash investments	31,007,862	2	41,543,496
3	Pledges and grants receivable, net	524,844	3	135,071
4	Accounts receivable, net	44,095	4	34,361
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	186,570	5	173,665
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		7	
Assets 8 8 8	Inventories for sale or use		8	
ĕ 9	Prepaid expenses and deferred charges	369,361	9	415,398
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	Less accumulated depreciation 10b (3,623,552)	2,615,599	10c	1,985,749
11	Investments—publicly traded securities		11	, ,
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,174,639	15	1,049,304
16	Total assets. Add lines 1 through 15 (must equal line 34)	35,923,321	16	45,337,394
17	Accounts payable and accrued expenses	1,062,427	17	1,158,492
18	Grants payable		18	322,621
19	Deferred revenue	23,357,509	19	29,943,014
20	Tax-exempt bond liabilities		20	
မ် 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ap	employees, highest compensated employees, and disqualified			
7	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		25	
26	Total liabilities. Add lines 17 through 25	24,419,936	26	31,424,127
Ses	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	7,747,900	27	10,130,637
g 28	Temporarily restricted net assets	1,043,323		1,070,468
일 29	Permanently restricted net assets	2,712,162	29	2,712,162
or Fu	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
है 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
δ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or 33 33 33	Total net assets or fund balances	11,503,385		13,913,267
34	Total liabilities and net assets/fund balances	35,923,321		45,337,394

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Form 990 (2009)

Pai	t 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	L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓		
b	Were the organization's financial statements audited by an independent accountant?	2b	✓		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓		
If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O				
ď	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.	ŀ			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3а	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		✓	
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			

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number **International Vaccine Institute** 1621592 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. ☐ 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). ☑ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 e D 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(ı) (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) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 14.936.460 16.998.602 22,704,606 23.994.803 23.938.342 102,572,813 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 832,590 850,068 908,532 2,591,190 organization without charge 14.936.460 16.998.602 23.537.196 24,844,871 24,846,874 105,164,003 Total. Add lines 1 through 3 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 58,706,193 shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 14,936,460 16,998,602 23.537.196 24,844,871 24,846,874 105,164,003 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 970,229 1,169,166 1,239,637 1,219,005 974,973 5,573,010 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 35,706 66,076 27,707 65,278 18,406 213,173 (Explain in Part IV.) 110,950,186 Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 41.8 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 14 _15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % 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... 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
	rt III Support Schedule for Orga (Complete only if you checke				a)(2)		
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
с 8	Add lines 7a and 7b						
Sec	ction B. Total Support		1		·	t	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 organization, check this box and stop			nd, third, fourt			on 501(c)(3) ▶ □
Sec	ction C. Computation of Public Su		ntage			<u> </u>	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column	(f))	15	<u>%</u>
	ction D. Computation of Investmen					, , , , , , , , , , , , , , , , , , , ,	//
17	Investment income percentage for 200	9 (line 10c, co	olumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u></u>
	33% % support tests—2009. If the organization of the state of the stat	ox and stop h	ere. The organ	zation qualifies	s as a publicly :	supported orga	anization 🕨 🗌
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	s box and stop	here. The orga	nızatıon qualıfıe	es as a publicly	supported orga	inization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	<u>14, 19a, or 19b</u>	o, check this be	ox and see ins	tructions 🕨 🗌

Рапе	4

Part IV	Supplemental Inform Part II, line 17a or 17	nation. Complete t b; and Part III, line	his part to pro 12. Provide an	vide the explanati iy other additional	ons required by information. See	Part II, line 10; e instructions.
Schedule /	A. Part II, Section on B, I	Line 10- Other incon	ne			•
The other	incomes are non recur	ring items received	from activities o	other than normal b	usiness operation	1.
-Expens	se reimbursement (staff	's travels)	\$7,013		·	••••
-Donati	on of honorarium receiv	ved	2,490			
-Miscel	laneous		8,903			
Total oth	er income		18,406			
-						
	••••					
						••••
					·	
••••						
	•••••					
••••				••••		

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

Open to Public Inspection

	e of the organization rnational Vaccine Institute		Employer identification number 31 : 1621592
_	organizations Maintaining Do	nor Advised Funds or Other Similar	
	the organization answered "Yes	(a) Donor advised funds	(b) Funds and other accounts
	Total supplies at and afternoon	(a) Bottor devised ferres	(b) I dies 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	funds are the organization's property, sub	I donor advisors in writing that the assets higher to the organization's exclusive legal co	ontrol? Yes 🗌 Ne
6		lonors, and donor advisors in writing that g for the benefit of the donor or donor advis benefit?	sor, or for any other
Pa	t II Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	☐ Preservation of land for public use (e.g☐ Protection of natural habitat☐ Preservation of open space		on of an historically important land area on of a certified historic structure
			Held at the End of the Tax Yea
	Total averbas of accountation accounts		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation e		20
C	Number of conservation easements on a		. 2d
d	Number of conservation easements include		
3	Number of conservation easements modified the tax year ▶	ried, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject	to conservation easement is located ▶	
5	Does the organization have a written police violations, and enforcement of the consent	ey regarding the periodic monitoring, inspec- vation easements it holds?	ction, handling of . Yes . No
6	Staff and volunteer hours devoted to mon	itoring, inspecting, and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitorin \$ \	g, inspecting, and enforcing conservation e	easements during the year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requiremen	its of section Yes . No
9	balance sheet, and include, if applicable, the organization's accounting for conservations		s financial statements that describes
Pai	t III Organizations Maintaining Coll Complete if the organization ansi	ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue ets held for public exhibition, education, or rete to its financial statements that describes	esearch in furtherance of public service
b			
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other similal under SFAS 116 relating to these items.	r assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII,	line 1	> \$
h	Assets included in Form 990 Part X		L C

hec	dule D (Form 990) 2009					Page 2
aı	t III Organizations Maintain	ing Collections	of Art, Historic	al Treasures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that appl		other records, ch	eck any of the folio	wing that are a sig	gnificant use of its
а	Public exhibition		d 🔲 i	_oan or exchange	programs	
b	Scholarly research		е 🗌 (Other		
С	☐ Preservation for future general	tions				
1	Provide a description of the organize Part XIV.	ation's collections	s and explain how	w they further the	organization's exer	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of th	e organization's co	lection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to For	m 990, Part
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or ot 	•	for contributions o	or other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the followi	ng table.		
				<u> </u>		nount
	Beginning balance			1	-	
	Additions during the year			<u>1</u>		
е	Distributions during the year					
	Ending balance			<u>1</u>	f	
2a b	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV.				∐ Yes ∐ No
aı	t V Endowment Funds. Co	mplete if the org	ganization answ	vered "Yes" to Fo	orm 990, Part IV,	line 10.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
	Administrative expenses End of year balance					
2	Provide the estimated percentage of	f the vear end ba	lance held as:			
а	Board designated or quasi-endown					
	Permanent endowment ▶					
	Term endowment ▶ %					
	Are there endowment funds not in thorganization by:		e organization th	at are held and adr	ninistered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organization in Part XIV the intended in					3b

4 Describe in Part XIV the intended uses	of the organization's er	ndowment 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	20,809		8,081	12,728				
d Equipment	5,580,656		3,607,635	1,973,021				
e Other	7,836		7,836					
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X	, column (B), line 10(d	:).) ▶	1,985,749				

	Page	3
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ook valu	ıe	

Schedule D (Form 990) 2009 Investments-Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation Cost or end-of-year market value (including name of security) Financial derivatives . . . Closely-held equity interests Total. (Column (b) must 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 (c) Method of valuation Cost or end-of-year market value (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Bo Housing Key money deposit in Korea for internationally recruited staffs-IVI's portion 1,007,303 Housing deposit in India for staffs travelling for reseach Projects 2,812 Housing deposit in Pakistan for staffs travelling for reseach Projects 5,250 Athletic club deposit 28,502 Telephone line deposit 5,437 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 1,049,304 Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

Рa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,964,833
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,544,951
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,419,882
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 through 8	9	0.440.000
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		2,419,882
		1	26,964,833
1	Total revenue, gains, and other support per audited financial statements	• •	20,304,033
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	The difference gains of investments		
b	Definited services and use of facilities	\dashv 1	
٦ 0	Recoveries of prior year grants	\dashv \vdash	
d	Other (besonde in Fait XIV.)	2e	
3		3	
ა 4	Subtract line 2e from line 1	. •	
•			
a b	Other (Development and Included out of the 350, 1 art viii, line 75	-	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	26,964,833
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per R	
1	Total expenses and losses per audited financial statements	1	24,544,951
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,544,951
Par	t XIV Supplemental Information	_	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d part to provide any additional information.		
• • • •			
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Schedule D (Form 990) 2009

Page 4

Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
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Schedule F (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization **International Vaccine Institute** 31 1621592 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 ✓ Yes □ No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of offices in the (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees or region (by type) (i e , a program service, expenditures for region describe specific type of agents in fundraising, program services. region grants to recipients located in service(s) in region region the region) East Asia and the Pacific 1 158 **Program service** Program service 26,964,833

158

1

26,964,833

Page 2

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

□ ▲. . (I) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance 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 (g) Amount of non-cash assistance (f) Manner of cash disbursement Wire Transfer 392,188 Wire Transfer 311,636 Wire Transfer 288,824 Wire Transfer 241,063 | Wire Transfer 201,267 Wire Transfer 179,745 | Wire Transfer 150,000 Wire Transfer 115,000 Wire Transfer 113,200 Wire Transfer 79,106 Wire Transfer 65,339 Wire Transfer 55,000 Wire Transfer 50,000 Wire Transfer 50,000 Wire Transfer 210,687 Wire Transfer 489,429 (e) Amount of cash grant (d) Purpose of grant Subcontract Use Schedule F-1 (Form 990) if additional space is needed. East Asia and the Pacifi East Asia and the Pacifi East Asia and the Pacifi East Asia and the Pacifi East Asia and the Pacifi East Asia and the Pacifi Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa (c) Region South Asia South Asia South Asia Europe Europe Europe (b) IRS code section and EIN (if applicable) (a) Name of organization

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 ▶ N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009

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.

(h) Mothod of	(book, FMV, appraisal, other)									:
(n) December	of non-cash assistance									
(f) Amount of	non-cash assistance									
(a) Manner of	cash cash disbursement									
	(d) Amount of cash grant									
s needed.	(c) Number of recipients									
Use schedule 1-1 (Form 990) il additional space is needed.	(b) Region									
) I - I alinealize aso	(a) Type of grant or assistance									

Schedule F (Form 990) 2009

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information
Monitoring	g Grants Outside the USA
The I	VI is located in Seoul, Korea where all the grant funds are managed and executed. In 2009, the IVI conducted
resea	arch projects in partnership with research organizations and universities in 28 countries.
The l	VI has in place a very detailed and rigorous system of financial monitoring. This system, which is
	lated by an internal auditor throughout the year and audited externally every year, is used in
conj	unction with careful project development and implementation to ensure accountability and
budg	etary management responsibility.
Fors	subgrants, the IVI has a broad overall system of reviewing and tracking the use of grants,
and i	more specific day-to-day review processes, which include the following:
	- Reviews of financial and narrative reports, audit reports, correspondence and other documentation
	provided by the grantees;
	- Direct communication with grantees through telephone and email for questions
	and to check on progress of the project;
	- On-site visits to the field sites to review one or more aspects of the projects; and
	- Monitoring through an external audit - A certain number of sub-grantees is selected for the audit
	each year, which is done to ensure financial and expenditure compliance with the research agreement.

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

► Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

► See instructions for Schedule F (Form 990).

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Vaccine Institute

Employer identification number

Part I	Continuation of	Activities pe	r Region. (Se	chedule F (Form 990)	, Part I, line 3)	
	(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
·						
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					_	
						_
T-4-1-						

1 (a) Name of	(b) IRS code	o of (b) IRS code	fol Purnose of	(d) Purpose of (e) Amount of (f) Manner of (g) Amount of	(f) Manner of	(g) Amount of	(h) Description	
organization	section and EIN (if applicable)	(c) Region	grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Subcontract	46,240	46,240 Wire Transfer			
		East Asia and the Pacific	Subcontract	45,079	Wire Transfer			<u> </u>
		East Asia and the Pacific	Subcontract	35,000	35,000 Wire Transfer			
		Europe	Subcontract	30,035	30,035 Wire Transfer			
		East Asia and the Pacific	Subcontract	30,000	30,000 Wire Transfer			
		East Asia and the Pacific	Subcontract	28,000	28,000 Wire Transfer			
		East Asia and the Pacific	Subcontract	21,240	21,240 Wire Transfer			
		East Asia and the Pacific	Subcontract	20,000	20,000 Wire Transfer			
		South Asia	Subcontract	16,500	16,500 Wire Transfer			
		East Asia and the Pacıfic	Subcontract	15,000	15,000 Wire Transfer			
		Russia and the Newly Independent States	Subcontract	10,000	10,000 Wire Transfer			
		East Asia and the Pacific	Subcontract	5,962	Wire Transfer			
		South Asia	Subcontract	26,500	Wire Transfer			
	_							

Page 3

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance Schedule F-1 (Form 990) 2009

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance (b) Region (c) Number of (c) Number of (c) Amount of (d) Amoun

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization Employer identification number International Vaccine Institute 31 1621592 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events **b** Internet and email solicitations Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes
No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) organization (i) Name of individual (II) Activity (iii) Did fundraiser have custody or control of contributions? or entity (fundraiser) col (i) Yes No \blacksquare 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Comore than \$15,000 on F						ortec	t
			(a) Event #1 Concert & Golf (event type)	(b) Event #2	(c) Other events	(d)	Total e col (a) col (c	through	h
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	212,297						2,297
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs	105,936					105	5,936
Direct Expenses	7	Food and beverages	362						362
Direct	8	Entertainment	45,062					45	5,062
_	9	Other direct expenses	21,823				<u>=</u>	21	,823
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10		. (39	183 ⁾ 9,114
Pa	rt II	Gaming. Complete if t than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 1	9, or re	porte	om t	re
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		Total ga (a) throu		
<u>~</u>	1	Gross revenue				 			
sesus	2	Cash prizes							
Direct Expenses	3	Noncash prizes		i		-			
Direc	4	Rent/facility costs .			_	-			
	5	Other direct expenses .				,			
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes9 ☐ No	6			
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		(-)
	8	Net gaming income summary	/. Combine line 1, colur	nn d, and line 7		<u>. </u>			
9	Fn	ter the state(s) in which the o	rganization operates ga	aming activities:				Yes	No
a	ls '	the organization licensed to o No," explain:	perate gaming activitie	s in each of these state	es?		9a		
10a b		ere any of the organization's of Yes," explain:				/ear?	10a		
11	Do	es the organization operate g	aming activities with ne	onmembers?			11		
12		the organization a grantor, be		a trust or a member of	a partnership or other	er entity	10		<u> </u>

Page	:

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			} _
b	An outside facility	(" - 1		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	() U		
	Name ▶			, ¿
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		1 × 26
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name ▶	1		
	Address >	183	274	
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:		= [¥] }	· -
а		17a		ļ
b	retain the state gaming license?			

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection

Employer identification number 1621592 31 Part I General Information on Grants and Assistance International Vaccine Institute Name of the organization

▶ Attach to Form 990.

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 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed the selection criteria used to award the grants or assistance? Part II

ŝ

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California Berkeley Berkeley-2150 Shattuck Avenue,			1,041,446				Subcontract
Inviragen, Inc. 2619 Midpoint Drive, Suite A Fort			351,870				Subcontract
WRAIR CRADA (AFRIMS) U.S. Army Medical Component A			319,904				Subcontract
Applied Strategies Consulting, LI 951 Mariners Island Blvd.Suite 40			288,983				Subcontract
Washington University 2200 E Kenwood Blvd WI 53211			249,667				Subcontract
Colorado State University 8033 Campus Fort Collins, CO 80			226,383				Subcontract
University of Rochester 500 Wilson Blvd Rochester, NY 1			137,612				Subcontract
Purdue University Purdue University-610 Purdue Ma			135,256				Subcontract
Global Solutions for Infectious D 830 Dubuque Avenue, South San	20-0941177		129,553				Subcontract
Hawaii Biotech, Inc. 99-193 Alea Heights Drive, Suite			112,266				Subcontract
Arizona State University 7001 E. Williams Field Road, Mes			86,738				Subcontract
National Institutes of Allergy and 6610 Rockledge Drive, MSC 6612			91,096				Subcontract
2 Enter total number of section 501(c)(3) and government organizat	(c)(3) and governme	ent organizations					2

Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. audited externally every year, is used in conjunction with careful project development and implementation to ensure accountability and budgetary management For the subgrants, the IVI has the broad overall system of reviewing and tracking the use of grants, and the more specific day-to-day review processes include The IVI has in place a very detailed and rigorous system of financial monitoring. This system, which is evaluated by an internal auditor through the year end Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. - Monitoring through the external audit - A certain number of sub-grantees is selected for the audit each year. The audit is done to ensure financial - Reviews of financial and narrative reports, audit reports, correspondence and other documentation provided by the grantees (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant - On-site visits to the field sites to review one or more aspects of the projects (b) Number of compliance with the research agreement. (a) Type of grant or assistance Monitoring Use of Grants responsibility. the following; Part III

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Part I Continuation of Grants and Other Assistance	ts and Other As	vernments and Or	to Governments and Organizations in the United States (Schedule (Form 990),	United States (Sch	edule I (Form 990)	, Part II.)
Ĕ	(b) EIN	(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 Texas Medical Branch a 301 University Boulevard Galveston,		988'88				Subcontract
University of North Carolina General Administration 910 Raleigh F		83,652				Subcontract
Henry Jackson Foundation 1001 Fourth avenue plaza Seattle WA	52-1313011	64,397				Subcontract
Quintiles Global Headquarters, Durham, North		42,623				Subcontract
The EMMES Co, USA Corporate Headquarters Emmes Gro		28,015				Subcontract

Schedule I-1 (Form 990) 2009

Cat No 51026W

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

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

Part I Questions Regarding Compensation

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 31 1621592 **International Vaccine Institute**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	 ✓ Tax indemnification and gross-up payments ✓ Health or social club dues or initiation fees ✓ Personal services (e.g., maid, chauffeur, chef) 			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	✓	
	explain		_	
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.			
а	Receive a severance payment or change-of-control payment?	4a		✓
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓_
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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.			
2	The organization?	5a		7
	Any related organization?	5b		1
D	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		1
	Any related organization?	6b		1
	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_		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		✓

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

	(B) Breakdown of W-2		and/or 1099-MISC compensation				
	(2)			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base	(II) Bonus & incentive compensation	(iii) Other reportable	otner deferred compensation	beneiits	(a)-(i)(a)	reported in prior Form 990 or
		-	compensation				Form 990-EZ
John D Clomone	(1) 291,368	25,000	199,223	43,705		559,296	493,051
Soliii D.Cleinella			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Michael Goon F.L	(165,601	7,000	48,534	24,840		245,975	255,810
Harold Margolis	(i) 159,498	3,000	85,146	23,925		271,569	254,544
Cecil Czerkinsky	() 161,430	13,000	78,680	20,693		273,803	246,719
Michael Favorov	139,725	1,000	44,645	20,959		206,329	145,353
							1
Richard Mahoney	(i) 256,423					256,423	256,424
						1	
Scott Haletoad	(i) 208,200					208,200	208,201
	(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	9007790971060611600011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
George William Letson	(i) 131,095	3,000	46,451	19,664		200,210	183,059
Joel Kurisky	120,966		56,264	18,153		195,383	200,527
Rodnev Carbis	(i) 128,961	3,000	15,112	19,344		166,417	175,752
	(ii)						
Don Douglas	(1) 97,123		50,682	14,568		162,373	144,624
	S			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 11 11 11 11 11 11 11 11 11 11 11		
	(ii)						
	(0)		i				
	(11)						
	(0)						
	(11)						;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	(0)						
	(ii)						
	(0)						
	(11)						
						Sche	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009
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.
∕Travel for companion:
.After 18months of service, the internationally recruited staff is entitled to annual home leave travel. This entitlement is an economy round trip between
duty station and home base for staff, spouse and dependents under 12.
/Tax indemnification and gross up payments
In order to equalize the benefits accrued to internationally recruited staff the IVI compensates staff who are obligated to pay taxes on IVI derived income to their
home country. Any tax subsequently levied on the amount of the reimbursement is not reimbursed
/Housing Allowance
.IVI provides internationally recruited staff in Korea with a housing allowance up to 75% of a ceiling that is established and reviewed periodically
/Personal services(e.g, maid, chauffeur, chef)
.IVI provides the Director General with one house staff and a driver which are included in his/her employment contract package approved by the Board of Trustee

Schedule J (Form 990) 2009

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Internal Revenue Service Name of the Organization

Employer identification number

31

International Vaccine Institute Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) (F) Reportable Estimated Name and title Average hours Position (check all that apply) Reportable compensation compensation amount of Individual trustee Key employee Highest compensated employee Institutional trustee from from related other director the organizations compensation (W-2/1099-MISC) organization from the organization (W-2/1099-MISC) and related organizations Richard Mahoney Director, Vaccine Access of PDVI 40 256,423 Joel Kurisky **Deputy Director, PDVI** 40 195,383 Rodney Carbis **Head, Vaccine Development** 40 166,417 Don Douglas **Senior Program Officer** 40 162,373 Mohammad Ali Senior Scientist for Scientific System 40 143,103

.....

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization					E	mploye	er ident	tificatio	วก ทนก	ber	
International Vaccine Institute					3	31 1621592					
Part I Excess Benefit Transactions (Complete if the organization answer							Part V	, line 4	40b		
1 (a) Name of disqualified person			(b) Description of transaction						(c) Corrected?		
1 (a) Name of disqualified person			(b) bescription of dansaction							Yes	No
									•——		
											
2 Enter the amount of tax imposed on the under section 49583 Enter the amount of tax, if any, on line				•				▶ \$			
Part II Loans to and/or From Interest											
Complete if the organization and											
(a) Name of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Baland	alance due (e) In default? (f) Approby board committed		ard or	(g) W agree	ritten ment?		
	То	From				Yes	No	Yes	No	Yes	No
M. Goon-Rental advance to landlord		√	27,200		16,722		1	√		V	
C. Czerkinsky-Rental advance to landlord C. Czerkinsky-Child education tuition adv		1	22,610 17,332		11,426 12,301		1	1		1	
M. Favorov-Rental advance to landlord		/	10,646			1	1		1		
H. Margolis-Rental advance to landlord		1	13,986				1	7		1	
Total			<u> ▶ \$</u>		42,901		j				
Part III Grants or Assistance Benefiting Complete if the organization and	-			V, line 27.							
(a) Name of interested person	(b) Re	lationship	between interested personganization	on and the	(c) Amou	ınt and	type o	f assis	ance	
						-					
Part IV Business Transactions Involving Complete if the organization and				V, line 28a,	28b, or	28c.					
(a) Name of interested person			on and the trans	nount of saction	(d) De	scriptio	on of tra	ansactı	on	(e) Sha organiz reven	ation's
	-									Yes	No
					~						

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection

Name of the organization Employer identification nu					on num	ıber			
inte	ernational Vaccine Institute				31	16	2159	2	
	t I Types of Property		_						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, I		Method o	(d) of dete venue:		ng
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 .	I I							
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 .	ļ <u>-</u>							
21	Taxidermy	<u> </u>							
22	Historical artifacts						_		
23	Scientific specimens	-					-		
24	Archeological artifacts		_ ,,	000 500					
25	Other ► (Lab Equipment)	 		908,532					
26	Other ► ()		<u>_</u>						
27 28	Other ► () Other ► ()	-							
			<u> </u>						
29	Number of Forms 8283 receive					_	0		
	which the organization complete	ed Form 82	83, Part IV, Donee Acknow	wledgement	2	9		Yes	No
						ſ		162	140
30a	During the year, did the organiz							į l	
	it must hold for at least three ye				•	ed to be	30a		1
	used for exempt purposes for the		• .				Jua		
	If "Yes," describe the arrangement								
31	Does the organization have a contributions?		otance policy that requir		ny non-s	tandard	31	1	
			ties or related organizatio		i, or sell r	noncash	32a		1
b	If "Yes," describe in Part II.								
33	If the organization did not report describe in Part II.	revenues in	column (c) for a type of pro	operty for which colui	nn (a) is c	hecked,			

Page	2

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.	>,
Non-cash contributions	
The Korean government has committed to purchasing laboratory equipment for the IVI up to Korean Won	
7,200 million, out of which KRW 6,668 million of laboratory equipment was provided to the IVI as of December 31,	
2009. The contribution amount in 2009 was \$351,886.	
The IVI had not reflected laboratory equipment support in its financial statements as the	
equipment was owned by the Korean government. With the transfer of ownership to the IVI from the Korean	
government in 2007, laboratory equipment support was recorded at the fair book value of US\$3,621,233	
on IVI's financial statements, effective January 1, 2007. The revenue recognized on the financial statements	
regarding this laboratory equipment support was the same as its depreciation amounts.	
	 -

Supplemental Information to Form 990

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

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number International Vaccine Institute 31 1621592

► Attach to Form 990.

Form 990 - Part VI, Section B, 11A Review Process of Form 990
The Finance team made a first draft of Form 990 and related schedules. Specific information on compensation,
fundraising, governance and management were collected from HR and other teams. The Senior Finance Officer
reviewed all of the documents checking for accuracy of the financial information and the Deputy Director General of
Administration and Finance reviewed the draft focusing on transparency. The reviewed draft was sent to members
of the Board of Trustees (BOT) Finance and Administration Committee, which is composed of 3 BOT members,
plus the BOT Chairman and IVI Director General. The PDF file of the draft was sent to each member via electronic
mail. The review took 2 weeks, and their comments and questions were received and addressed accordingly.
Form 990 - Part VI, Section B, 12a-c. Monitoring of Conflicts of Interest
If in connection with any actual or potential conflict of interest, each person of interest must disclose the existence
of his or her significant interests that could give rise to conflicts. Annually, all trustees, directors, officers and staff
are provided with a copy of the conflict of interest policy to complete and only persons with an actual or potential
conflicts of interest must submit a signed copy of the disclosure of actual or potential conflicts of interest to the IVI
Board Secretariat or the IVI Human Resources Unit as appropriate.
The Conflict Coordinator (Director General) creates a Conflict Committee composed of three members who are
IVI staff to review conflict of interest issues that may arise. The Conflict Committee is resposible for reviewing
significant financial interests and determining whether a conflict of interest exists. The Committee shall keep a
record of all actual and potential conflicts of interest and report annually thereon to the Board of Trustees.
Form 990 - Part VI, Section B, 15b. Process of Compensation Determination
The IVI undertakes a comprehensive compensation study for its officers and key employees. A compensation
consultant conducts the study and looks at compensation among comparable organizations with similar positions
and responsibilities in order to provide market data to determine IVI staff member compensation.

Schedule O (Form 990) 2009				age 2
Name of the organization	Employer identification number			
International Vaccine Institute	31	:	1621592	
Form 990 - Part VI, Section C. 19. Availability of Governing Documents to the Public				
The IVI's governing documents – Establishment Agreement, Headquarters Agreeme	ent, Co	onstitutio	n	
and Amendments to the Constitution are available on IVI's website. IVI's financial s	tatem	ents are	included in IVI	<u>'s</u>
annual reports, which are also on the website.				·
				
······	••			
	••			
				
		•		
			•	
				
	_			
				-
······································				
		••••	•	
				-
	· •			

Department of the Treasury

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.

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Name of the organization	Employer identification number
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17. Prof. Ann-Mari Larsdotter Svennerhom	***************************************
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Employer identification number Name of the organization 1621592 International Vaccine Institute Form 990-Part VI-Section A. Line 9 (Officer, Director, Trustee who can not be reached at the IVI's mailing address)-B 19. Dr. Carlos Segovia Deputy Director, Institutional Relations, Instituto de Salud Carlos III C/Senesio Delgado, 6, 28029 Madrid, Spain 20. Mr. George Bickerstaff Managing Director, CRT CAPITAL GROUP, LLC 133 Stanwich Road, Greenwich, CT 06830, USA 21. Mr. Vijay Samant President & CEO, Vical Inc 10390 Pacific Center Court, San Diego, California 92121, USA

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Form 990 - Part III, 4d. Other Program Services Description		
Translational Research Division		
The Translational Research Division conducts research to translate experimental o	r alrea	dy developed but under-
used vaccines into practical tools for use in public health practice. The focus of the	lVI's t	ranslational projects
is to accelerate the development and/or introduction of appropriate vaccines in dev	eloping	g countries against
diseases that continue to cause significant morbidity and mortality in the countries.	·	
- Oral Cholera Vaccine (OCV) Dosing Optimization Program		•••••
Optimizing the dosing schedule of the modified killed whole cell oral cholera vaccin	e stud	y is a four-year,
US\$7.5 million effort funded by the Bill & Melinda Gates Foundation. It was launched	d in 20	09 to reduce the burden of
cholera in endemic and epidemic settings with the use of a single dose regimen of t	he kille	ed oral cholera vaccine
developed by IVI and licensed in India by Shantha Biotechnics. The main objectives	of the	study are: a) evaluate
the safety and efficacy of a single dose regimen of the killed oral cholera vaccine; b) evalu	ate the optimal dosing
interval for eliciting vibriocidal antibody responses to a two-dose regimen of the kill	ed ora	l cholera vaccine;
c) extend evaluation of the efficacy of the two-dose killed oral cholera vaccine in Ko	lkata;	d) foster communication
and collaboration among scientists involved in different aspects of understanding a	nd con	trolling bacterial enteric
infections in developing countries of South and South-East Asia.		
- Oral Cholera Vaccine (OCV) Pilot Introduction Program		
Identify Actions Necessary to Accelerate Introduction and Uptake of Cholera Vaccin	nes in I	ndia, a US\$1 million effort
funded by the Bill & Melinda Gates Foundation, was launched in 2009 to reduce the	burde	n of cholera through the
deployment of the killed whole cell oral cholera vaccine in endemic and epidemic s	ettings	. The main objectives of
the project are: a) delivering the modified killed oral cholera vaccine in a cholera hig	įh risk	area in India;
b) determining the feasibility, acceptability and costs associated with pilot introduct	ion of	the modified killed whole
cell oral cholera vaccine in India when given in a public health setting.		

In 2008, the Bill & Melinda Gates Foundation awarded a grant to the Agence de Medicine Preventive (AMP) in France,

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in partnership with the IVI, to help countries eligible for GAVI support in Africa and	Asia to es	tablish or enhance
national immunization technical advisory groups. The seven-year Supporting Indep	endent Im	munization and
Vaccine Advisory Committees (SIVAC) Initiative will establish or strengthen 12 nati	onal adviso	ory committees
in Africa and Asia – with the IVI taking the lead in Asian countries and AMP taking t	he lead in	Africa.
- Trainings and Meetings		
- IVI hosted its 9th annual International Advanced Course on Vaccinology in Asia-Pag	ific Region	n in May, 2009.
The course, designed to build country capacity in the area of Vaccinology, provide	d participa	nts with a
comprehensive overview of the vaccine continuum – from the principles of vaccine	developm	ent, evaluation, and
regulation to production, introduction and policy issues.		
- The IVI hosted The First Symposium on Human Papillomavirus Vaccination in the A	sia-Pacific	and Middle East
Regions on June 1 and 2, 2009. The Symposium was held to generate political will	or prevent	ion of HPV disease
and to develop concrete action plans that help countries to accelerate the introduc	tion of HPV	vaccines into the
routine immunization programs in a sustainable fashion by assembling key decision	n-makers,	opinion leaders,
scientific experts, national health authorities in the regions, and international organ	nizations w	ho are leading local,
national, and international efforts to control HPV-associated disease.		
Laboratory Research Division		
The activities of the IVI Laboratory Science Division are directed to the design and	l preclinica	l evaluation of new
concepts, novel vaccines and/or improved vaccine production technologies to inc	rease their	access to the world's
poorest populations. These activities entail research on the development of vacci	nes agains	t neglected diseases
mostly seen in developing countries, such as cholera, typhoid fever and shigellos	is; explorir	ng novel methods of
administering vaccines that do not require injections; identifying novel antigens t	nat broade	n the efficacy of
vaccines; identifying novel adjuvants that can increase a vaccine's potency while	reducing it	s dosage potentially
saving costs; developing new tests that can predict the clinical efficacy of vaccine	s. It also in	nvolves developing
vaccine production processes amenable to large-scale manufacturing by produce	rs from de	velonina countries

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- In the few years since its inception, the Division has made important contributions	and b	reakthroughs, working
with its many collaborators both in the Republic of Korea and overseas.		·
These accomplishments include the following;		
- The design of novel cost-effective, needle-free mucosal vaccine formulations	i <u>.</u>	
- The development of improved diagnostic assays for enteric and respiratory i	nfectio	ons to diagnose these
diseases and to measure immune responses to vaccines.		
- The discovery of novel antigens and delivery systems for the development of	new c	andidate vaccine.
- The development of novel adjuvants to increase immune responses to vaccin	es.	
- The genotyping of pathogens causing enteric diseases.		
- The development of a typhoid Vi conjugate vaccine.		
- The transfer of production technology of a low-cost, improved oral whole-cell	killed	cholera and typhoid Vi
vaccines to qualified vaccine producers in developing countries.		
- The identification of common protein antigens from Shigella that could serve	as crit	ical components of
a universal vaccine against bacillary dysentery.		
- The Laboratory Science program is funded by grants from the Ministry of Education	, Scier	nces and Technology,
the Bill and Melinda Gates Foundation, PATH Vaccine Solutions, the Swedish Internation	ational	Aid Agency (SIDA),
the Korea Research Institute of Bioscience and Biotechnology (KRIBB), The Korean	Scienc	ce Foundation (KOSEF;
National Research Laboratory Program).		
- The IVI organized or co-organized a number of symposia, workshops and courses du	ring 20	009. These include:
"The Mucosal Immunology of the Gut Convening" hosted by The Bill & Melinda Gates	Found	lation and held
on February 10-11, 2009 in Seattle, The "First International Symposium on Regulation	of Inn	ate Immunity" in
partnership with Osaka University Immunology Frontier Research Center, under the a	uspice	es of the Japanese
Science and Technology Foundation (JST) and the Korean Institute for Scientific Coo	peratio	on (KICOS).
The "Scholars in Residence" program (which began in 2006) with the generous suppo	ort of N	flerck Vaccines which
brings 5-8 recognized experts in vaccine sciences to IVI for up to one week to provide	ment	oring to IVI trainees and
scientists, develop partnerships between IVI and their home institutions, and deliver a	a serie:	s of lectures and
presentations. This year, the program hosted Professor Françoise Barré-Sinoussi, Ins	stitut P	asteur, Paris, France,
the 2008 Nobel Laureate in Medicine or Physiology for her discovery of the HIV.		····

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International Vaccine Institute	
- IVI scientists have also given lectures as part of the 9th Annual Advanced Vaccinol	ogy Course for the Asia-Pacific
Region held at the IVI headquarters in Seoul in May 2009. In addition, several IVI sci	entists hold adjunct positions
at several universities and have contributed lectures to graduate (Master and PhD p	programs) students at Seoul -
National University Faculty of Biological Sciences, College of Veterinary Medicine a	and School of Public Health,
and at other universities, including Korea University College of Medicine, and Yons	ei University College of
Biotechnology.	
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