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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

C Name of organization
INTERNATIONAL VACCINE INSTITUTE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
snu research park 1 gwanak-ro

City or town, state or province, country, and ZIP or foreign postal code
seoul 151-742
Korea, Republic of (South)

D Employer identification number
31-1621592

E Telephone number
(822) 881-1116

G Gross receipts $ 19,705,203

F Name and address of principal officer
JOHN MORAHAN
SNU RESEARCH PARK 1 GWANAK-RO
SEOUL 151-742
KS

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www ivi int

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

L Year of formation 1997

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
IVI's mission is to discover, develop and deliver safe, effective DELIVER SAFE, EFFECTIVE AND AFFORDABLE VACCINES FOR THE WORLD'S DEVELOPING NATIONS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	**Current Year**
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,686,547	19,680,492
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,747	7,507
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,209	6,576
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,927,503	19,694,575
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,021,951	4,118,507
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,364,796	10,112,423
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶887,128		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,040,203	6,983,622
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,426,950	21,214,552
	19	Revenue less expenses Subtract line 18 from line 12	-4,499,447	-1,519,977
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	35,345,744	37,977,708
	21	Total liabilities (Part X, line 26)	26,705,195	30,909,509
	22	Net assets or fund balances Subtract line 21 from line 20	8,640,549	7,068,199

Part II Signature Block

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

Sign Here

****** | 2014-08-15
Signature of officer | Date

JOHN MORAHAN ACTING DIRECTOR GENERAL & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeffrey J Schragg				

Firm's name ▶ BDO USA LLP | Firm's EIN ▶

Firm's address ▶ 8405 GREENSBORO DRIVE 7TH FLOOR
MCLEAN, VA 22102 | Phone no (703) 893-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

IVI'S MISSION IS TO DISCOVER, DEVELOP AND DELIVER SAFE, EFFECTIVE AND AFFORDABLE VACCINES FOR THE WORLD'S DEVELOPING NATIONS ITS VISION IS DEVELOPING COUNTRIES FREE OF SUFFERING FROM INFECTIOUS DISEASE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,892,588 including grants of $ 2,198,234) (Revenue $)

DVI is an international consortium consisting of IVI, the Sabin Vaccine Institute, the Initiative for Vaccine Research (IVR) of the World Health Organization (WHO), and the International Vaccine Access Center (IVAC) at Johns Hopkins University DVI has a focused aim of generation and dissemination of data as well as to provide technical support for dengue vaccine development efforts, especially for Butantan in Brazil and Vabiotech in Vietnam Field work in Thailand and Colombia continue to progress well Also, DVI prepares to expand its field operation in countries of low economic setting The field work preparation is underway for Nha Trang in Vietnam, Bucaramanga in Colombia, as well as in Gabon and Burkina Faso For the impact modeling, Dr Longini and his team have been making substantial progress in a model for Latin America based on the Yucatan data from Mexico since publication of the Thai model in The Lancet With the undated simulator created for Yucatan, this model is now in a format that can be fit to any situation producing realistic dengue epidemics taking serotype cycling explicitly into account WHO IVR has made substantial progress on technical review of progress of dengue vaccine development and provision of technical expertise for regulatory aspect of dengue vaccine introduction Sabin continues to lead DVIs communication-related activities, such as issuing of the quarterly newsletters covering our main activities like the DPB meetings, maintaining of the DVI website For the regulatory-related activities, the DVI consultant and WHO organized a meeting among the national regulatory authorities (NRA) in Bangkok in October, 2013, Two representatives from the NRA from seven countries (Thailand, Brazil, Mexico, Colombia, Malaysia, Indonesia, and the Philippines) that showed interest in early introduction of dengue vaccine were gathered with WHO and independent experts These efforts highlight the initiation of capacity building of NRAs of the developing countries DVI convened two Dengue Prevention Board (DPB) meetings, once in the Asia-Pacific region and another in the Americas region Long and short reports have been issued from the Asia Pacific DPB meeting in Bangkok in October 2013 The meeting in the Americas was convened in Mexico City in March 2014 and the meeting report is in progress is drafted Both DPB meetings were highly attended by more than 60 attendees with the DPB board members, experts in vector control, members of PDC, manufacturers, the BMGF representatives

4b (Code) (Expenses $ 1,742,422 including grants of $ 472,163) (Revenue $)

Typhoid Surveillance in sub-Saharan Africa Program (TSAP) TSAP aims to generate data on the burden of typhoid fever and other invasive Salmonella infections in Africa through standardized surveillance and disease burden studies among a network of 10 African countries Comparable and contemporary population-based data on Salmonella spp infections in sub-Saharan Africa (sSA) are lacking and data, collected systematically, are urgently needed to make evidence-based decisions on the introduction of existent and upcoming vaccines against typhoid (TF)/paratyphoid fever, and non-typhoidal Salmonella (NTS) infections The Typhoid Fever Surveillance in Africa Program (TSAP), started in 2010 and developed by the International Vaccine Institute, aims to close the data gap on invasive Salmonella infections between African and Asian countries Accordingly, systematic and standardized passive surveillance and diagnostics of febrile patients by haemoculture were established at various sites in sSA Since results are harmonized across study sites, incidences are comparable across Secondary outcomes of TSAP include evaluation of antimicrobial resistance patterns and the identification of carriers of Salmonella spp Participating countries are Guinea Bissau, Senegal, Burkina Faso, Ghana, Sudan, Ethiopia, Kenya, Tanzania, Madagascar, and South Africa In 2013, nine of the ten TSAP sites completed surveillance activities, the site in Ethiopia completed activities in January 2014 All sites are closed Preliminary incidence data have been presented at different international conferences (i e Vaccines for Enteric Diseases (VED), Bangkok, Nov 2013, American Society for Tropical Medicine and Hygiene (ASTMH), Washington DC, Nov 2013) Blood specimen are currently being investigated further at the Sanger Institute in Cambridge, UK to determine strain relatedness and molecular drug resistance paramenters The Bill and Melinda Gates Foundation awarded a follow-up grant at the end 2013 The purpose of this new grant is to (1) develop and validate a risk and typhoid burden prediction model for sub-Saharan Africa, (2) investigate and define the incidence of typhoid fever in four sites in sub-Saharan Africa selected using the model, and (3) assess water quality at the African sites

4c (Code) (Expenses $ 1,674,981 including grants of $ 108,096) (Revenue $)

Vi-based Vaccines for Asia (VIVA) Initiative Vi-based Vaccines for Asia (VIVA) Initiative is a multi-year program funded by the Bill & Melinda Gates Foundation that aims to reduce the burden of typhoid fever in the developing world by accelerating the introduction and use of typhoid vaccines in endemic Asian countries through immunization demonstration projects, policy and advocacy activities, and development of a new Vi conjugate vaccine During the year 2013, VIVA Initiative completed vaccination of over 500,000 school children in Karachi, Pakistan and Kathmandu, Nepal by the end of first quarter, and the case-control study to assess the impact of introduction of Vi polysaccharide vaccine was conducted in both countries As a follow-up, the Nepali government is planning a vaccination campaign using typhoid conjugate vaccine, and in Pakistan, a dissemination workshop is being planned to share the study results with key stakeholders Regarding typhoid conjugate vaccine development, IVI completed the technology transfer of Vi-DT to PT Biofarma (Indonesia) and SK Chemicals (Korea) in June and August respectively Collaboration with these two manufacturers will be mainstay for clinical development of typhoid conjugated vaccine Regarding the functional assay, IVI successfully developed a Serum Bacterial Assay(SBA) for S Typhi Results will be published and SOP for SBA will be prepared for regulatory agencies and partner laboratories for future clinical trials As the last component of VIVA Initiative, work on developing a dynamic disease transmission model and an investment case for typhoid conjugate vaccine continued IVIs investment case will serve as a decision making tool for policy makers, vaccine manufacturers and donors at national, regional and global level including WHO and GAVI

4d Other program services (Describe in Schedule O)
(Expenses $ 10,057,497 including grants of $ 1,340,014) (Revenue $)

4e **Total program service expenses ▶** 17,367,488

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶KS See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders? . . .		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .		8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶SEUNGHWA CHEON snu research park 1 gwanak-rogwanak-gu, seoulKS151-742 (822) 872-2801

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Adel AF Mahmoud Chairman / Board of Trustee	1 0	X						1,804	0	0
(2) Nguyen Tran Hien Director / Board of Trustee	1 0	X						802	0	0
(3) George Bickerstaff Director / Board of Trustee	1 0	X						1,648	0	0
(4) Romulo Garcia Director / Board of Trustee	1 0	X						1,844	0	0
(5) Juhani Eskola Director / Board of Trustee	1 0	X						1,700	0	0
(6) Moonhwan Kim Director / Board of Trustee	1 0	X						1,500	0	0
(7) Youngsoon Kang Director / Board of Trustee	1 0	X						750	0	0
(8) Sergey Diorditsa Director / Board of Trustee	1 0	X						990	0	0
(9) Viveka Persson Director / Board of Trustee	1 0	X						0	0	0
(10) Claire Boog Director / Board of Trustee	1 0	X						0	0	0
(11) Ragnar Norrby Director / Board of Trustee	1 0	X						0	0	0
(12) Young-soo Shin Director / Board of Trustee	1 0	X						0	0	0
(13) You-mi Suh Director / Board of Trustee	1 0	X						0	0	0
(14) Christian Loucq Director General	40 0	X		X				502,014	0	59,460
(15) Alejandro Cravioto Chief Scientific Officer	40 0			X				264,000	0	39,295
(16) Thomas Wierzba Deputy Dir General, Develop &	40 0			X				236,957	0	37,600
(17) Deborah Gene Hong HEAD COMMUNICATIONS & ADVOCACY	40 0			X				138,535	0	22,445

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) John Morahan Deputy Dir General for Finance	40 0			X				286,678	0	49,846
(19) Georges Thirty Deputy Director General Portfo	40 0			X				246,026	0	44,167
(20) Rodney Carbis Head, Vaccine Development Depa	40 0					X		173,272	0	28,912
(21) Mina Kweon Chief of Mucosal Immunology Se	40 0					X		149,084	0	22,453
(22) Greg W Smith Senior Research Associate	40 0					X		126,661	0	23,868
(23) Manki Song Senior Research Scientist	40 0					X		123,387	0	20,592
(24) Vinay Gupta Chief, IT Team	40 0					X		116,746	0	20,550

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,374,398	0	369,188

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	90,603				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	3,780,052				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	15,809,837				
	g Noncash contributions included in lines 1a-1f $	106,829				
	h **Total.** Add lines 1a-1f . . . . ▶		19,680,492			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . ▶		7,507	0	0	7,507
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss) . . . . ▶		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . ▶		0			
	8a Gross income from fundraising events (not including $ 90,603 of contributions reported on line 1c) See Part IV, line 18 . . a	656				
	b Less direct expenses . . . b	1,174				
	c Net income or (loss) from fundraising events . . ▶		-518			-518
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a	2,770				
	b Less cost of goods sold . . b	9,454				
	c Net income or (loss) from sales of inventory . . ▶		-6,684	2,770		
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	13,778			13,778
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . ▶		13,778			
	12 **Total revenue.** See Instructions . . . . . ▶		19,694,575	2,770	0	20,767

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	908,096	908,096		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,210,411	3,210,411		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,033,177	1,419,810	479,137	134,230
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,901,627	4,819,551	1,626,433	455,643
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	774,910	498,697	210,216	65,997
9	Other employee benefits	273,017	142,793	119,246	10,978
10	Payroll taxes	129,692	82,423	35,624	11,645
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	97,369	28,589	68,780	0
c	Accounting	52,498	10,494	42,004	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,054,590	806,068	155,621	92,901
12	Advertising and promotion	0			
13	Office expenses	275,174	170,301	80,617	24,256
14	Information technology	132,538	111,480	20,665	393
15	Royalties . .	0			
16	Occupancy	1,589,226	715	1,588,511	0
17	Travel	1,886,246	1,764,528	100,768	20,950
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	232,076	185,099	43,146	3,831
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	360,171	250,321	109,850	0
23	Insurance	45,689	0	45,689	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	ALLOCATION OF INDIRECT COSTS	0	1,818,214	-1,818,214	0
b	LAB SUPPLIES	609,952	609,952	0	0
c	REPAIRS	126,820	85,505	38,034	3,281
d	RECRUITMENT	98,146	91,471	5,535	1,140
e	All other expenses	423,127	352,970	8,274	61,883
25	**Total functional expenses.** Add lines 1 through 24e	21,214,552	17,367,488	2,959,936	887,128
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		253	1	0
	2	Savings and temporary cash investments		32,849,616	2	36,158,094
	3	Pledges and grants receivable, net		508,197	3	272,940
	4	Accounts receivable, net		132,208	4	26,318
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		129,886	5	164,347
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		294,723	7	274,932
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		459,534	9	308,469
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,723,498			
	b	Less accumulated depreciation	10b 5,963,256	958,961	10c	760,242
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		12,366	15	12,366
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		35,345,744	16	37,977,708
Liabilities	17	Accounts payable and accrued expenses		993,531	17	1,277,424
	18	Grants payable		80,526	18	0
	19	Deferred revenue		25,631,138	19	29,632,085
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		26,705,195	26	30,909,509
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		5,928,387	30	4,356,037
	31	Paid-in or capital surplus, or land, building or equipment fund		2,712,162	31	2,712,162
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		8,640,549	33	7,068,199
	34	Total liabilities and net assets/fund balances		35,345,744	34	37,977,708

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,694,575
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,214,552
3	Revenue less expenses Subtract line 2 from line 1	3	-1,519,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,640,549
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52,373
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,068,199

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	24,849,363	22,593,284	24,807,120	17,686,547	19,680,492	109,616,806
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	24,849,363	22,593,284	24,807,120	17,686,547	19,680,492	109,616,806
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						52,917,100
6 **Public support.** Subtract line 5 from line 4						56,699,706

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	24,849,363	22,593,284	24,807,120	17,686,547	19,680,492	109,616,806
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,146,202	720,091	524,915	231,655	8,163	2,631,026
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,916	23,492	89,771	89,690	13,778	232,647
11 **Total support** (Add lines 7 through 10)						112,480,479

12 Gross receipts from related activities, etc (see instructions) | 12 | 4,721

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 50 409 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 49 481 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493225004014

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,645,010	5,884,768	760,242
e Other		78,488	78,488	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				760,242

Part VII **Investments—Other Securities.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11b. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or category (ıncludıng name of securıty)	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
(1) Fınancıal derıvatıves		
(2) Closely-held equıty ınterests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 12)* ▶		

Part VIII **Investments—Program Related.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11c. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX **Other Assets.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11d See Form 990, Part X, lıne 15

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

Part X **Other Liabilities.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11e or 11f. See Form 990, Part X, lıne 25.

1 (a) Descrıptıon of lıabılıty	(b) Book value
Federal ıncome taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 25)* ▶	

2. Lıabılıty for uncertaın tax posıtıons In Part XIII, provıde the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48 (ASC 740) Check here ıf the text of the footnote has been provıded ın Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	19,705,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	19,705,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-10,628		
c	Add lines **4a** and **4b**			4c	-10,628
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	19,694,575

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

1	Total expenses and losses per audited financial statements			1	21,225,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	10,628		
e	Add lines **2a** through **2d**			2e	10,628
3	Subtract line **2e** from line **1**			3	21,214,552
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,214,552

Part XIII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEUDLE D, PART XI, LINE 4B	COST OF GOODS SOLD EXPENSES -9,454 SPECIAL EVENT EXPENSES -1,174 ------ TOTAL -10,628
FORM 990, SCHEDULE D, PART XII, LINE 2D	COST OF GOODS SOLD EXPENSES 9,454 SPECIAL EVENT EXPENSES 1,174 ------ TOTAL 10,628

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225004014

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
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.

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
	East Asia and the Pacific	1	133	Program Services	Program Service	13,248,982
	East Asia and the Pacific			Grantmaking		3,210,411
3a	Sub-total	1	133			16,459,393
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	133			16,459,393

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 7

3 Enter total number of other organizations or entities . . . . ▶ 16

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

ReturnReference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	THE IVI IS LOCATED IN SEOUL, KOREA WHERE ALL THE GRANT FUNDS ARE MANAGED AND EXECUTED THE IVI HAS IN PLACE A VERY DETAILED AND RIGOROUS SYSTEM OF FINANCIAL MONITORING THIS SYSTEM, WHICH IS EVALUATED BY INTERNAL FINANCE PERSONNEL THROUGHOUT THE YEAR AND AUDITED EXTERNALLY EVERY YEAR, IS USED IN CONJUNCTION WITH CAREFUL PROJECT DEVELOPMENT AND IMPLEMENTATION TO ENSURE ACCOUNTABILITY AND BUDGETARY MANAGEMENT RESPONSIBILITY FOR SUBGRANTS, THE IVI HAS A BROAD OVERALL SYSTEM OF REVIEWING AND TRACKING THE USE OF GRANTS, AND 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 - MONITORING THROUGH AN EXTERNAL AUDIT A CERTAIN NUMBER OF SUB-GRANTEES ARE SELECTED FOR THE AUDIT EACH YEAR, WHICH IS DONE TO ENSURE FINANCIAL AND EXPENDITURE COMPLIANCE WITH THE RESEARCH AGREEMENT

Additional Data

Software ID:
Software Version:
EIN: 31-1621592
Name: INTERNATIONAL VACCINE INSTITUTE

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Program service	217,276	WIRE			
		Europe (Including Iceland and Greenland)	Program service	684,605	WIRE			
		East Asia and the Pacific	Program Services	52,725	wire			
		East Asia and the Pacific	Program Service	464,113	wire			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Services	21,147	wire			
		South America	Program service	196,540	WIRE			
		South America	Program service	9,500	WIRE			
		South Asia	Program service	35,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Program service	90,000	WIRE			
		South Asia	Program service	14,875	WIRE			
		South Asia	Program service	12,725	WIRE			
		South Asia	Program service	500,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program service	40,449	wire			
		Sub-Saharan Africa	Program service	80,000	wire			
		Sub-Saharan Africa	Program service	43,935	wire			
		Sub-Saharan Africa	Program service	28,503	wire			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program service	16,000	wire			
		Sub-Saharan Africa	Program service	46,000	wire			
		South Asia	Program Service	28,221	WIRE			
		South Asia	Program Service	342,958	wire			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Program Service	81,045	wire			
		South Asia	Program Service	24,520	wire			
		South Asia	Program Service	88,818	wire			

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GALA EVENT (event type)	(event type)	0 (total number)	
Revenue	1 Gross receipts	91,259			91,259
	2 Less Contributions	90,603			90,603
	3 Gross income (line 1 minus line 2)	656			656
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,174			1,174
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,174)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-518

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ____

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN FOUNDATION 1848 University Avenue MADISON, WI 53706	39-0743975	501(C)(3)	64,309				Program Service
(2) Fred Hutchinson cancer research center 1100 fairview ave north seattle, WA 98109	23-7156071	501(c)(3)	150,268				Program Service
(3) johns hopkins univeristy IVAC 3400 North Charles St BALTIMORE, MA 21218	52-0595110	501(c)(3)	225,177				Program Service
(4) The Albert B Sabin Vaccine Institute 2000 Penn Ave NW Washington, DC 20006	06-1389829	501(c)(3)	271,526				Program Service
(5) Univeristy of Florida Board of Trustess 123 tigert hall gainesville, FL 32611	59-0974739	501(c)(3)	136,816				Program Service
(6) IMS Health Incorporated 11 Waterview Boulevard Parsippany, NJ 07054	31-1621592	coporation	60,000				Program Service

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 5

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 1	THE IVI IS LOCATED IN SEOUL, KOREA WHERE ALL THE GRANT FUNDS ARE MANAGED AND EXECUTED THE IVI HAS IN PLACE A VERY DETAILED AND RIGOROUS SYSTEM OF FINANCIAL MONITORING THIS SYSTEM, WHICH IS EVALUATED BY INTERNAL FINANCE PERSONNEL THROUGHOUT THE YEAR AND AUDITED EXTERNALLY EVERY YEAR, IS USED IN CONJUNCTION WITH CAREFUL PROJECT DEVELOPMENT AND IMPLEMENTATION TO ENSURE ACCOUNTABILITY AND BUDGETARY MANAGEMENT RESPONSIBILITY FOR SUBGRANTS, THE IVI HAS A BROAD OVERALL SYSTEM OF REVIEWING AND TRACKING THE USE OF GRANTS, AND 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 -MONITORING THROUGH AN EXTERNAL AUDIT A CERTAIN NUMBER OF SUB-GRANTEES ARE SELECTED FOR THE AUDIT EACH YEAR, WHICH IS DONE TO ENSURE FINANCIAL AND EXPENDITURE COMPLIANCE WITH THE RESEARCH AGREEMENT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

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Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)Christian Loucq Director General	(i)	300,000	25,000	177,014	45,050	14,410	561,474	0
	(ii)	0	0	0	0	0	0	0
(2)Alejandro Cravioto Chief Scientific Officer	(i)	210,000	0	54,000	31,500	7,795	303,295	0
	(ii)	0	0	0	0	0	0	0
(3)Thomas Wierzba Deputy Dir General, Develop &	(i)	181,174	0	55,783	27,275	10,325	274,557	0
	(ii)	0	0	0	0	0	0	0
(4)Deborah Gene Hong HEAD COMMUNICATIONS & ADVOCACY	(i)	115,133	0	23,402	17,736	4,709	160,980	0
	(ii)	0	0	0	0	0	0	0
(5)John Morahan Deputy Dir General for Finance	(i)	246,990	0	39,688	37,098	12,748	336,524	0
	(ii)	0	0	0	0	0	0	0
(6)Georges Thirty Deputy Director General Portfo	(i)	216,667	0	29,359	32,500	11,667	290,193	0
	(ii)	0	0	0	0	0	0	0
(7)Rodney Carbis Head, Vaccine Development Depa	(i)	151,113	0	22,159	23,112	5,800	202,184	0
	(ii)	0	0	0	0	0	0	0
(8)Mina Kweon Chief of Mucosal Immunology Se	(i)	124,156	0	24,928	18,583	3,870	171,537	0
	(ii)	0	0	0	0	0	0	0
(9)Greg W Smith Senior Research Associate	(i)	105,890	0	20,771	16,131	7,737	150,529	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANION After 15 months of service, the internationally recruited staff is entitled to home leave travel This entitlement is an economy round trip between duty station and home base for staff, spouse and dependents under 21 TAX INDEMNIFICATION AND GROSS UP PAYMENTS IN ORDER TO EQUALIZE THE BENEFITS ACCRUED TO INtERNATIONALLY RECRUITED STAFF, 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 (I E driver) IVI PROVIDES THE DIRECTOR GENERAL WITH A DRIVER WHICH is INCLUDED IN HIS/HER EMPLOYMENT CONTRACT PACKAGE APPROVED BY THE BOARD OF TRUSTEES

Additional Data

Software ID:
Software Version:
EIN: 31-1621592
Name: INTERNATIONAL VACCINE INSTITUTE

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

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Christian Loucq Director General	(i)	300,000	25,000	177,014	45,050	14,410	561,474	0
	(ii)	0	0	0	0	0	0	0
Alejandro Cravioto Chief Scientific Officer	(i)	210,000	0	54,000	31,500	7,795	303,295	0
	(ii)	0	0	0	0	0	0	0
Thomas Wierzba Deputy Dir General, Develop &	(i)	181,174	0	55,783	27,275	10,325	274,557	0
	(ii)	0	0	0	0	0	0	0
Deborah Gene Hong HEAD COMMUNICATIONS & ADVOCACY	(i)	115,133	0	23,402	17,736	4,709	160,980	0
	(ii)	0	0	0	0	0	0	0
John Morahan Deputy Dir General for Finance	(i)	246,990	0	39,688	37,098	12,748	336,524	0
	(ii)	0	0	0	0	0	0	0
Georges Thirty Deputy Director General Portfo	(i)	216,667	0	29,359	32,500	11,667	290,193	0
	(ii)	0	0	0	0	0	0	0
Rodney Carbis Head, Vaccine Development Depa	(i)	151,113	0	22,159	23,112	5,800	202,184	0
	(ii)	0	0	0	0	0	0	0
Mina Kweon Chief of Mucosal Immunology Se	(i)	124,156	0	24,928	18,583	3,870	171,537	0
	(ii)	0	0	0	0	0	0	0
Greg W Smith Senior Research Associate	(i)	105,890	0	20,771	16,131	7,737	150,529	0
	(ii)	0	0	0	0	0	0	0

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

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Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
See Additional Data Table												
Total		▶ $				164,347						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 31-1621592
Name: INTERNATIONAL VACCINE INSTITUTE

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) D Hong	HEAD OF C&A	Housing Loan		X	26,714	26,714		No	Yes		Yes	
(2) V Gupta	IT CHIEF	Housing Loan		X	2,534	2,534		No	Yes		Yes	
(3) T Wierzba	DEPU DIR DEV & DEL	Housing Loan		X	10,025	5,603		No	Yes		Yes	
(4) J MORAHAN	DEPU DIR FOR ADMIN	Housing Loan		X	47,184	47,184		No	Yes		Yes	
(5) A Cravioto	CHIEF SCIEN OFFICER	Housing Loan		X	44,803	44,803		No	Yes		Yes	
(6) G Thiry	DEPU DIR PORTFOLIO	Housing Loan		X	28,113	28,113		No	Yes		Yes	
(7) GW Smith	SR RESEARCH ASSOC	Housing Loan		X	8,478	8,478		No	Yes		Yes	
(8) V Gupta	IT CHIEF	Education Loan		X	5,508	918		No	Yes		Yes	

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (Lab Equipment)	X	0	106,829	0
26 Other ▶(____________)				
27 Other ▶(____________)				
28 Other ▶ (____________)				

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

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

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL VACCINE INSTITUTE

Employer identification number
31-1621592

Return Reference	Explanation
FORM 990, PART III, LINE 2	DEVELOPMENT OF NEW AND IMPROVED VACCINES FOR DEVELOPING COUNTRIES THE ACTIVITIES ARE DISCOVERY OF ANTIGENS, AND DEVELOPMENT OF KEY COMPONENTS OF FUTURE VACCINES DEVELOPMENT OF ADJUVANTS, VIRUS-LIKE PARTICLES AND VACCINE DELIVERY ROUTES, RESEARCH ON KEY ELEMENTS OF IMMUNE RESPONSES AND IMMUNOGENICITY AND THE DEVELOPMENT OF VACCINATION METHODS THAT ARE EFFECTIVE IN EXPOSING ANTIGENS TO THE IMMUNE SYSTEM DEVELOPMENT OF VACCINE PRODUCTION PROCESSES AND THE TRANSFER OF VACCINE MANUFACTURING AND TESTING TECHNOLOGIES TO DEVELOPING COUNTRIES FROM KOREA PROVISION OF VACCINE EVALUATION TECHNIQUES TO RESEARCH INSTITUTES IN DEVELOPING COUNTRIES ASSISTANCE IN NOT ONLY DEVELOPMENT OF VACCINE CANDIDATES, BUT ALSO IN EPIDEMIOLOGICAL STUDIES ON INFECTIOUS DISEASES RESEARCH ON MECHANISM OF VACCINE EFFICACY AND INTERFERENCE OF VACCINES RESEARCH INTO THE REASONS WHY OPTIMUM IMMUNE RESPONSE FAILS TO OCCUR IN FIELD SITE SITUATIONS ALL PROJECTS WILL BE CONDUCTED THROUGH COOPERATION/COLLABORATION WITH RESEARCH INSTITUTES, VACCINE COMPANIES AND UNIVERSITIES IN KOREA, AND THUS WILL ASSIST VACCINE MANUFACTURING IN KOREA

Return Reference	Explanation
FORM 990, PART III, LINE 3	The PATH-funded Pan-Shigella Surface Protein 1 Sublingual Vaccine Against Dysentery (SUBVACS) project was conceived as an ambitious development program for a vaccine against Shigellosis, one of the most common and severe enteric infections in the developing world The pre-clinical and early clinical development of the vaccine candidate, called PSSP-1, administered by a mucosal route, was the major objective of the SUBVACS project However, major technical obstacles with the solubility of PSSP-1 during large-scale purification meant that it could not be manufactured as proposed originally Accordingly, following a number of discussions with PATH, the project was concluded satisfactorily by mutual agreement, and the remaining unused funds returned to PATH

Return Reference	Explanation
FORM 990, PART III, LINE 4D	VACCINE RESEARCH AND DEVELOPMENT

Return Reference	Explanation
FORM 990, PART V, LINE 2A	IVI'S HEADQUARTERS IS BASED IN SEOUL, KOREA SINCE THE ORGANIZATION IS NOT U S BASED, THEY ARE NOT REQUIRED TO FILE W-2'S AS OF DECEMBER 31, 2013, THE ORGANIZATION REPORTS 133 EMPLOYEES

Return Reference	Explanation
FORM 990, PART V, LINE 4	IVI is a foreign organization It is not required to file TD F 90-22 1 (Report of Foreign Bank and Financial Accounts)

Return Reference	Explanation
FORM 990, PART VI, LINE 4	There was an amendment to the Constitution in November 1, 2013 The Board decided to have consistency in the procedures of all four Board officers - Chairperson, Vice-Chairperson, Secretary, and Treasurer AMENDMENT VII Article IX COMPOSITION OF THE BOARD 3 The members of the Board are eligible for reappointment to a second term, but shall not serve more than two successive terms, except that the member elected as a Chairperson, a Vice-Chairperson, a Secretary, or a Treasurer may have his/her term extended by the Board in order to coincide with his/her appointment as Chairperson, a Vice-Chairperson, a Secretary, or a Treasurer, as the case may be

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	members-at-large will be nominated by the Board of Trustees and elected by a simple majority of the full Board Member country representatives will be nominated by their respective Governments and will be elected by a simple majority of the full Board All procedures will be supervised by the Governance and Nominating Committee of the Board

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	The finance team makes a first draft of Form 990 and the related schedules HR provides Specific information on compensation and other teams provide fundraising, governance and management information The CFO and Senior finance manager review all of the forms and schedules and check them for accuracy of the financial information The reviewed draft is sent to members of the Board of Trustees (BOT) Finance Committee, which is composed of 5 BOT members, plus the BOT Chairman and IVI Director General The PDF file of the draft is sent to each member via electronic mail Normally we give them 2 weeks for their review, and their comments and questions are received and addressed accordingly

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	The IVI HR provides a copy of the conflict of interest policy to all directors, officers and staff to complete annually Not only persons with actual or potential conflicts of interest but also persons who do not have any 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 other members of the IVI staff to review conflict of interest issues that may arise The Conflict Committee shall be responsible for ensuring that relevant conflicts of interest, and the procedures taken to eliminate, reduce or manage those conflicts, are disclosed at or prior to any Board of Trustees meeting The Committee shall keep a record of all actual and potential conflicts of interest and report annually thereon to the Board of Trustees In case of trustees, IVI Board secretariat provides a copy of the conflict of interest policy to the members when they first join, all members must submit a signed copy of the disclosure of actual and potential conflicts of interest to IVI The members should report their changes of status to the Board Secretariat

Return Reference	Explanation
FORM 990, PART VI, LINE 15A AND 15B	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 COMPENSATION IS SET BY INDEPENDENT PERSONS, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS IS RETAINED

Return Reference	Explanation
FORM 990, PART VI, LINE 19	The IVI's governing documents-Establishment Agreement, Headquarters Agreement, Constitution and Amendments to the Constitution are available on IVI's website The Summary of financial report is included in IVI's Annual report

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FOREIGN CURRENCY EXCHANGE LOSS -52,373