

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL AIDS VACCINE INITIATIVE INC. Doing business as: IAVI. Number and street (or P.O. box if mail is not delivered to street address): 125 BROAD STREET 9TH FL. Room/suite: Room/suite. City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10004

D Employer identification number: 13-3870223. E Telephone number: (212) 847-1111. G Gross receipts \$ 145,961,580

F Name and address of principal officer: MARK FEINBERG, 125 BROAD STREET 9TH FL, NEW YORK, NY 10004

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.IAVI.ORG

K Form of organization: Corporation

L Year of formation: 1996. M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TRANSLATE SCIENTIFIC DISCOVERIES INTO AFFORDABLE, GLOBALLY ACCESSIBLE PUBLIC HEALTH SOLUTIONS

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here: Signature of officer LOUIS D SCHWARTZ CFO, Date 2022-08-02

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name GELMAN ROSENBERG & FREEDMAN, Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930

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:

A NONPROFIT SCIENTIFIC RESEARCH ORGANIZATION THAT DEVELOPS VACCINES AND ANTIBODIES FOR HIV, TUBERCULOSIS, EMERGING INFECTIOUS DISEASES (INCLUDING COVID-19), AND NEGLECTED DISEASES.

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 \$ **96,744,308** including grants of \$ **25,829,759**) (Revenue \$ **1,706,926**)

RESEARCH AND DEVELOPMENT: THROUGH SCIENTIFIC AND CLINICAL RESEARCH IN AFRICA, INDIA, EUROPE, AND THE U.S., IAVI DEVELOPS VACCINES AND ANTIBODIES IN AND FOR THE DEVELOPING WORLD AND SEEKS TO ACCELERATE THEIR INTRODUCTION IN LOW-INCOME COUNTRIES. IAVI ADVANCES SCIENTIFIC DISCOVERY AND DEVELOPMENT BY FOSTERING UNIQUE COLLABORATIONS AMONG ACADEMIA, INDUSTRY, LOCAL COMMUNITIES, GOVERNMENTS, AND FUNDERS TO EXPLORE NEW AND BETTER WAYS TO ADDRESS PUBLIC HEALTH THREATS THAT DISPROPORTIONATELY AFFECT PEOPLE LIVING IN POVERTY. VACCINE AND ANTIBODY CANDIDATES ARE PUT THROUGH A RIGOROUS PROCESS OF CLINICAL EVALUATION AMONG KEY POPULATIONS TO ESTABLISH THEIR SAFETY AND EFFICACY, AN EFFORT THAT ENABLES IAVI TO STRENGTHEN THE HEALTHCARE INFRASTRUCTURE AND SCIENTIFIC CAPACITY OF COUNTRIES WHERE OUR CLINICAL PARTNERS OPERATE. TO DATE, IAVI AND ITS PARTNERS HAVE ADVANCED DOZENS OF HIV VACCINE CANDIDATES INTO EARLY STAGE CLINICAL TRIALS. THIS INCLUDES THE FIRST HIV VACCINE TRIALS IN SUB-SAHARAN COUNTRIES, WHERE THE HIV BURDEN IS GREATEST. IAVI HAS CONDUCTED MORE THAN 50 EPIDEMIOLOGICAL STUDIES AND PROVIDED VOLUNTARY HIV TESTING, COUNSELING SERVICES, AND HEALTH CARE REFERRALS TO MORE THAN 870,000 INDIVIDUALS IN AFRICA. IAVI ALSO SUPPORTS PRECLINICAL DEVELOPMENT AND CLINICAL TESTING OF VACCINE CANDIDATES FOR OTHER DISEASES, INCLUDING TUBERCULOSIS, LASSA FEVER AND COVID-19, AS WELL AS ANTIBODY CANDIDATES FOR DISEASE PREVENTION AND TREATMENT. IAVI CONDUCTS TRIALS WITH THE HIGHEST SCIENTIFIC AND ETHICAL STANDARDS TO PROTECT THE RIGHTS, WELL-BEING, AND DIGNITY OF TRIAL VOLUNTEERS. IAVI HAS ALSO LAUNCHED RESEARCH CONSORTIA TO ADDRESS MAJOR SCIENTIFIC PROBLEMS OF BIOMEDICAL PRODUCT DEVELOPMENT. A SIGNIFICANT PORTION OF THE RESEARCH IAVI SUPPORTS IS CONDUCTED IN DEVELOPING COUNTRIES WHERE THE NEED FOR INFECTIOUS DISEASE PREVENTION IS GREATEST.

4b (Code:) (Expenses \$ **2,408,245** including grants of \$) (Revenue \$)

CONTRACT MANUFACTURING-RELATED ACTIVITIES: IAVI SUPPORTS EXTERNAL RESEARCHERS BY PROVIDING TECHNICAL AND SCIENTIFIC EXPERTISE TO ACCELERATE THE DEVELOPMENT OF THEIR OWN PRODUCTS.

4c (Code:) (Expenses \$ **1,820,742** including grants of \$ **547,072**) (Revenue \$)

VACCINE ADVOCACY, PUBLIC AFFAIRS, AND POLICY: IAVI WORKS WITH POLICY MAKERS, ADVOCATES, AND REPRESENTATIVES OF THE COMMUNITIES WHERE DISEASE BURDEN IS GREATEST TO SUPPORT SCIENTIFIC RESEARCH AND DEVELOPMENT FOR ACCESSIBLE BIOMEDICAL PREVENTIVES AND TREATMENTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** **100,973,295**

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	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		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	Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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)?	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
14b	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	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	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		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.		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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

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 [X]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, a numeric column (e.g., 2a, 2b), a Yes/No column, and a final empty column. Row 2a contains the value '227'. Row 2b contains 'Yes'. Row 7d contains the value '7d'. Row 10a contains the value '10a'. Row 10b contains the value '10b'. Row 11a contains the value '11a'. Row 11b contains the value '11b'. Row 12a contains the value '12a'. Row 12b contains the value '12b'. Row 13a contains the value '13a'. Row 13b contains the value '13b'. Row 13c contains the value '13c'. Row 14a contains the value '14a'. Row 14b contains the value '14b'. Row 15 contains the value '15'. Row 16 contains the value '16'. Row 17 contains the value '17'.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect... 7b Are any governance decisions reserved to members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions... 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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?

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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? 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK FEINBERG PRESIDENT/CEO	35.00	X		X				646,997	0	36,716
(2) ERIC PAUL GOOSBY BOARD CHAIR	2.00	X		X				0	0	0
(3) ANNE M VANLENT BOARD VICE CHAIR (UNTIL 12/2/21)	2.00	X		X				0	0	0
(4) ROBERT GOLDBERG BOARD TREASURER	2.00	X		X				0	0	0
(5) LINDA-GAIL BECKER BOARD MEMBER	1.00	X						0	0	0
(6) DAVID BLUMBERG BOARD MEMBER	1.00	X						0	0	0
(7) JIM CONNOLLY BOARD MEMBER	1.00	X						0	0	0
(8) MARK DYBUL BOARD MEMBER	1.00	X						0	0	0
(9) WAFAA EL-SADR BOARD MEMBER (FROM 12/1/21)	1.00	X						0	0	0
(10) FRANCINE NTOUMI BOARD MEMBER (UNTIL 12/2/21)	1.00	X						0	0	0
(11) JOHN NKENGASONG BOARD MEMBER	1.00	X						0	0	0
(12) ALEXIS M PINTO BOARD MEMBER (FROM 12/1/21)	1.00	X						0	0	0
(13) JOHN W SHIVER BOARD MEMBER	1.00	X						0	0	0
(14) SUSAN SILBERMANN BOARD MEMBER (FROM 12/1/21)	1.00	X						0	0	0
(15) ANNE MARTIN SIMONDS BOARD MEMBER	1.00	X						0	0	0
(16) RAJEEV VENKAYYA BOARD MEMBER	1.00	X						0	0	0
(17) MARIJKE WIJNROKS BOARD MEMBER	1.00	X						0	0	0

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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANA CESPEDES MONTOYA CHIEF OPERATING OFFICER	35.00			X				509,916	0	64,942
(19) LOUIS SCHWARTZ ASST. SEC. & CHIEF FINANCIAL OFFICER	35.00			X				368,299	0	65,639
(20) FRANCES SINHA CHIEF PEOPLE OFFICER	35.00			X				343,388	0	45,818
(21) LABEEB ABOUD SEC. SR VP, GEN COUNS (UNTIL 7/31/21)	35.00			X				276,345	0	44,080
(22) CHRISTOPHER PARKS EXECUTIVE DIR., VIRAL VACCINES	35.00					X		464,753	0	62,532
(23) SWATI GUPTA VP, EID & SCIENTIFIC STRATEGY	35.00					X		435,928	0	77,476
(24) THOMAS HASSELL VP, VACCINE DEVELOPMENT R&D	35.00					X		396,671	0	65,639
(25) WILLIAM BALLOU ADV SR SCI ADV/PROJ LEAD, HIV BNABS	35.00					X		362,316	0	46,801
(26) DAGNA LAUFER VP & HEAD OF CLINICAL DEVELOPMENT	35.00					X		356,214	0	32,479
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,160,827	0	542,122

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 **▶ 119**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
EMMES CORPORATION 401 N WASHINGTON ST STE 700 ROCKVILLE, MD 20850	CLINICAL RESEARCH STUDIES	1,145,073
AUSTRALIAN BIOLOGICS PTY LTD PO BOX 587 CRAIGIEBURN, VICTORIA 3064 AS	REGULATORY CONSULTANT	406,450
US MEDICAL EQUIPMENT CONSULTANTS INC 5601 NW 72ND ST 324 OKLAHOMA CITY, OK 73132	EQUIPMENT MAINTENANCE	344,333
STRADLEY RONON STEVENS & YOUNG LLP 2005 MARKET ST 2600 PHILADELPHIA, PA 19103	LEGAL SERVICES	276,568
DUANE MORRIS LLP 30 SOUTH 17TH STREET PHILADELPHIA, PA 191034196	LEGAL SERVICES	251,941

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 **▶ 7**

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 Amt Similar Amounts				
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)			77,633,796	
f All other contributions, gifts, grants, and similar amounts not included above			46,780,880	
g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f				124,414,676

Program Service Revenue		Business Code				
2a CONTRACT SERVICE FEES		900099	1,706,926	1,706,926		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,706,926			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		613,689			613,689	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	19,055,181				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	19,608,982				
		7c Gain or (loss)	-553,801				
	d Net gain or (loss)		-553,801				-553,801
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099	171,108			171,108		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		171,108					
12 Total revenue. See instructions		126,352,598	1,706,926	0	230,996		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,079,271	7,079,271		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	19,297,560	19,297,560		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,402,142	171,336	2,230,806	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,069,602	24,968,006	5,084,155	17,441
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,155,033	1,802,125	351,588	1,320
9 Other employee benefits	3,472,726	2,804,372	666,308	2,046
10 Payroll taxes	1,823,966	1,433,075	389,848	1,043
11 Fees for services (non-employees):				
a Management				
b Legal	694,102	590,849	103,253	
c Accounting	206,275		206,275	
d Lobbying	247,500			247,500
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	88,275		88,275	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	764,774	169,853	557,421	37,500
12 Advertising and promotion				
13 Office expenses	802,164	513,110	276,561	12,493
14 Information technology	1,785,621	1,359,771	387,769	38,081
15 Royalties				
16 Occupancy	2,858,766	2,636,016	210,918	11,832
17 Travel	185,820	162,908	22,912	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	218,770	195,705	23,065	
20 Interest	9,393		9,393	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,393,883	1,346,217	45,172	2,494
23 Insurance	353,209	261,754	90,598	857
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 RESEARCH&CLINICAL SVCS	28,605,150	27,755,445	849,705	
b LAB SUPPLIES/EQUIPMENT	7,943,548	7,943,548		
c EQUIPMENT MAINT.	470,231	385,359	82,469	2,403
d LICENSES & FEES	129,632	20,369	100,332	8,931
e All other expenses	94,270	76,646	17,624	
25 Total functional expenses. Add lines 1 through 24e	113,151,683	100,973,295	11,794,447	383,941
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	19,388,425	2	35,825,161
	3 Pledges and grants receivable, net	24,820,234	3	33,286,783
	4 Accounts receivable, net	240,821	4	891,734
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	252,300	9	198,282
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,881,018		
	b Less: accumulated depreciation	10b 43,993,162	4,025,880	10c 3,887,856
	11 Investments—publicly traded securities	32,786,297	11	32,733,205
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	207,802	15	226,002
16 Total assets: Add lines 1 through 15 (must equal line 33)	81,721,759	16	107,049,023	
Liabilities	17 Accounts payable and accrued expenses	10,744,597	17	7,483,619
	18 Grants payable	6,236,757	18	10,451,288
	19 Deferred revenue	19,197,506	19	35,515,982
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,497,600	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,794,259	25	2,627,839
	26 Total liabilities. Add lines 17 through 25	42,470,719	26	56,078,728
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,976,583	27	39,462,629
	28 Net assets with donor restrictions	6,274,457	28	11,507,666
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	39,251,040	32	50,970,295
33 Total liabilities and net assets/fund balances	81,721,759	33	107,049,023	

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	126,352,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,151,683
3	Revenue less expenses. Subtract line 2 from line 1	3	13,200,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,251,040
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	-1,481,660
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	50,970,295

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number
13-3870223

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage for 2020; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and reporting requirements.

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	WRITE OFF PROVISION FOR RISK - VAT REFUND - 2017 AMOUNT: \$ 67,203. RE TAXES REFUND - 2018 AMOUNT: \$ 38,091. 2019 AMOUNT: \$ 30,000. OTHER INCOME - 2017 AMOUNT: \$ 100,289. 2018 AMOUNT: \$ 41,790. 2019 AMOUNT: \$ 49,560. 2020 AMOUNT: \$ 114,697. 2021 AMOUNT: \$ 103,555. LOAN FORGIVENESS - 2017 AMOUNT: \$ 67,456. 2018 AMOUNT: \$ 78,810. 2019 AMOUNT: \$ 59,169. 2020 AMOUNT: \$ 63,601. 2021 AMOUNT: \$ 67,552. ASSET TRANSFER CREDIT - 2018 AMOUNT: \$ 191,000. 2019 AMOUNT: \$ 942,000. 2020 AMOUNT: \$ 47,875. BANK CREDIT - 2019 AMOUNT: \$ 127,149.

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	247,500													
c Total lobbying expenditures (add lines 1a and 1b)	247,500													
d Other exempt purpose expenditures	112,904,183													
e Total exempt purpose expenditures (add lines 1c and 1d)	113,151,683													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	228,050	267,531	257,550	247,500	1,000,631
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL AIDS VACCINE INITIATIVE INC

Employer identification number

13-3870223

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include art/historical treasures held for public exhibition and amounts received or held for financial gain.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

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

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,081,959	17,683,619	2,398,340
d Equipment		27,799,059	26,309,543	1,489,516
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,887,856

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,627,839

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	130,781,004
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	67,151	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,678,212	
e	Add lines 2a through 2d		2e	4,745,363
3	Subtract line 2e from line 1		3	126,035,641
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	88,275	
b	Other (Describe in Part XIII.)	4b	228,682	
c	Add lines 4a and 4b		4c	316,957
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	126,352,598

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

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

1	Total expenses and losses per audited financial statements		1	115,268,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	67,151	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,332,699	
e	Add lines 2a through 2d		2e	4,399,850
3	Subtract line 2e from line 1		3	110,868,572
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	88,275	
b	Other (Describe in Part XIII.)	4b	2,194,836	
c	Add lines 4a and 4b		4c	2,283,111
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	113,151,683

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
PART X, LINE 2:	FOR THE YEAR ENDED DECEMBER 31, 2021, MANAGEMENT OF IAVI HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF STICHTING INTERNATIONAL AIDS VACCINE INITIATIVE 3,521,713. INCLUDED IN CONSOLIDATED AUDIT REPORT BUT EXCLUDED FOR IAVI FORM 990 REPORTING PURPOSES. REVENUE OF IAVI INDIA, INCLUDED IN CONSOLIDATED AUDIT 103,869. REPORT BUT EXCLUDED FOR IAVI FORM 990 REPORTING PURPOSES. REVENUE OF IAVI-SA, INCLUDED IN CONSOLIDATED AUDIT 1,052,630. REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTER-COMPANY REVENUE, ELIMINATED IN CONSOLIDATED AUDIT 228,682. REPORT BUT INCLUDED IN IAVI, INC. FORM 990.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES OF STICHTING INTERNATIONAL AIDS VACCINE INITIATIVE 1,344,931. INCLUDED IN CONSOLIDATED AUDIT REPORT BUT EXCLUDED FOR IAVI FORM 990 REPORTING PURPOSES. EXPENSES OF IAVI INDIA, INCLUDED IN CONSOLIDATED AUDIT 329,262. REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES. EXPENSES OF IAVI-SA, INCLUDED IN CONSOLIDATED AUDIT 2,658,506. REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INTER-COMPANY EXPENSES, ELIMINATED IN CONSOLIDATED AUDIT 2,194,836. REPORT BUT INCLUDED IN IAVI, INC. FORM 990.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

2021

Open to Public Inspection

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number
13-3870223

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		7,512,787
(2) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		469,779
(3) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		11,314,994
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE ACTIVITIES	RESEARCH/ADVOCACY/POLICY	507,291
(5) EUROPE	1	8	PROGRAM SERVICE ACTIVITIES	RESEARCH/ADVOCACY/POLICY	2,223,750
(6) NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	RESEARCH/ADVOCACY/POLICY	2,686,018
(7) SOUTH ASIA	1	23	PROGRAM SERVICE ACTIVITIES	RESEARCH/ADVOCACY/POLICY	4,599,676
(8) SUB-SAHARAN AFRICA	1	41	PROGRAM SERVICE ACTIVITIES	RESEARCH/ADVOCACY/POLICY	924,762
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	3	72			30,239,057
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	72			30,239,057

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	VACCINE ADVOCACY, PUBLIC AFFAIRS AND POLICY	4,146,817	WIRE TRANSFER	0		
(2)		EUROPE	RESEARCH & DEVELOPMENT	1,528,321	WIRE TRANSFER	0		
(3)		EUROPE	RESEARCH & DEVELOPMENT	674,001	WIRE TRANSFER	0		
(4)		EUROPE	RESEARCH & DEVELOPMENT	485,862	WIRE TRANSFER	0		
(5)		EUROPE	RESEARCH & DEVELOPMENT	130,715	WIRE TRANSFER	0		
(6)		EUROPE	VACCINE ADVOCACY, PUBLIC AFFAIRS AND POLICY	547,072	WIRE TRANSFER	0		
(7)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,505,477	WIRE TRANSFER	0		
(8)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	2,170,733	WIRE TRANSFER	0		
(9)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,501,816	WIRE TRANSFER	0		
(10)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,162,294	WIRE TRANSFER	0		
(11)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,548,272	WIRE TRANSFER	0		
(12)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,138,159	WIRE TRANSFER	0		
(13)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	895,304	WIRE TRANSFER	0		
(14)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	494,164	WIRE TRANSFER	0		
(15)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	442,819	WIRE TRANSFER	0		
(16)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	366,519	WIRE TRANSFER	0		
(17)		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	89,435	WIRE TRANSFER	0		
(18)		SOUTH ASIA	RESEARCH & DEVELOPMENT	150,844	WIRE TRANSFER	0		
(19)		SOUTH ASIA	RESEARCH & DEVELOPMENT	117,226	WIRE TRANSFER	0		
(20)		SOUTH ASIA	RESEARCH & DEVELOPMENT	47,644	WIRE TRANSFER	0		
(21)		SOUTH ASIA	RESEARCH & DEVELOPMENT	35,500	WIRE TRANSFER	0		
(22)		SOUTH ASIA	RESEARCH & DEVELOPMENT	44,208	WIRE TRANSFER	0		
(23)		SOUTH ASIA	RESEARCH & DEVELOPMENT	74,357	WIRE TRANSFER	0		

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

22

3 Enter total number of other organizations or entities

1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

ReturnReference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS A COMPLIANCE UNIT THAT MONITORS THE ADHERENCE OF SUB-GRANTEES TO THE CONTRACT AND DONOR TERMS WHICH INCLUDES REVIEW OF 2 CFR 200 AND THE FAR. ROUTINE COMPLIANCE AND SUBSTANTIVE AUDITS ARE PERFORMED BY A COMPLIANCE OFFICER LOCATED IN EAST AFRICA. ROUTINE INTERNAL CONTROL QUESTIONNAIRES, AND IN-DEPTH REVIEW OF QUARTERLY REPORTS OF SUB-GRANTEES TAKES PLACE ON A REGULAR BASIS.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number
13-3870223

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	2,550,777	0			RESEARCH & DEVELOPMENT
(2) EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30332	58-0566256	501(C)(3)	771,785	0			RESEARCH & DEVELOPMENT
(3) THE UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	501(C)(3)	695,075	0			RESEARCH & DEVELOPMENT
(4) UNIVERSITY OF WISCONSIN-MADISON 21 N PARK STREET STE 6401 MADISON, WI 537151218	36-6006492	501(C)(3)	482,328	0			RESEARCH & DEVELOPMENT
(5) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	479,606	0			RESEARCH & DEVELOPMENT
(6) TULANE UNIVERSITY THE ADMIN OF THE TULANE EDUCATIONAL FUND 6823 ST CHARLES AVE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	427,361	0			RESEARCH & DEVELOPMENT
(7) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0961784	501(C)(3)	367,068	0			RESEARCH & DEVELOPMENT
(8) DAVID FITZ-PATRICK MD INC AKA EAST-WEST MEDICAL RESEARCH INSTITUTE 1585 KAPIOLANI BLVD SUITE 1500 HONOLULU, HI 96814	65-1163705	OTHER	285,045	0			RESEARCH & DEVELOPMENT
(9) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94158	94-3067788	501(C)(3)	195,842	0			RESEARCH & DEVELOPMENT
(10) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE STE 160 ASHBURN, VA 20147	53-0196584	501(C)(3)	190,068	0			RESEARCH & DEVELOPMENT
(11) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)(3)	170,126	0			RESEARCH & DEVELOPMENT
(12) BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02115	04-2103547	501(C)(3)	165,566	0			RESEARCH & DEVELOPMENT

(13) BALLAD RESEARCH INSTITUTE 10865 ROAD TO THE CURE SUITE 100 SAN DIEGO,CA 92121	46-3097024	501(C)(3)	68,292	0		RESEARCH & DEVELOPMENT
(14) EMMES CORPORATION 401 N WASHINGTON STREET SUITE 700 ROCKVILLE,MD 20850	54-1058268	501(C)(3)	64,996	0		RESEARCH & DEVELOPMENT
(15) NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE 7TH FLOOR CHICAGO,IL 60611	36-2167817	501(C)(3)	62,564	0		RESEARCH & DEVELOPMENT
(16) WALTER REED ARMY INSTITUTE OF RESEARCH 503 ROBERT GRANT AVENUE SILVER SPRING,MD 20910	53-0196956	501(C)(3)	39,334	0		RESEARCH & DEVELOPMENT
(17) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SA 7703 FLOYD CURL DRIVE SAN ANTONIO,TX 782293900	74-1586031	501(C)(3)	30,766	0		RESEARCH & DEVELOPMENT
(18) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 98109	23-7156071	501(C)(3)	26,372	0		RESEARCH & DEVELOPMENT
(19) ICHOR - ICHOR MEDICAL SYSTEMS 6310 NANCY RIDGE DR 107 SAN DIEGO,CA 92121	33-0636813	OTHER	6,300	0		RESEARCH & DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	17
3 Enter total number of other organizations listed in the line 1 table	2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS A COMPLIANCE UNIT THAT MONITORS THE ADHERENCE OF SUB-GRANTEES TO THE CONTRACT AND DONOR TERMS WHICH INCLUDES REVIEW OF 2 CFR 200 AND THE FAR. REVIEW OF 2 CFR 200 AUDITS AND IN-DEPTH REVIEW OF QUARTERLY REPORTS OF SUB-GRANTEES TAKES PLACE ON A REGULAR BASIS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number

13-3870223

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 on Line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK FEINBERG PRESIDENT/CEO	(i)	588,107	54,904	3,986	31,900	4,816	683,713	0
	(ii)	0	0	0	0	0	0	0
2 ANA CESPEDES MONTOYA CHIEF OPERATING OFFICER	(i)	466,372	43,264	280	31,900	33,042	574,858	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER PARKS EXECUTIVE DIR., VIRAL VACCINES	(i)	326,942	135,331	2,480	31,900	30,632	527,285	0
	(ii)	0	0	0	0	0	0	0
4 SWATI GUPTA VP, EID & SCIENTIFIC STRATEGY	(i)	347,481	87,100	1,347	31,900	45,576	513,404	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS HASSELL VP, VACCINE DEVELOPMENT R&D	(i)	356,335	38,062	2,274	31,900	33,739	462,310	0
	(ii)	0	0	0	0	0	0	0
6 LOUIS SCHWARTZ ASST. SEC. & CHIEF FINANCIAL OFFICER	(i)	334,569	31,385	2,345	31,900	33,739	433,938	0
	(ii)	0	0	0	0	0	0	0
7 WILLIAM BALLOU ADV SR SCI ADV/PROJ LEAD, HIV BNABS	(i)	330,080	28,385	3,851	31,900	14,901	409,117	0
	(ii)	0	0	0	0	0	0	0
8 FRANCES SINHA CHIEF PEOPLE OFFICER	(i)	310,673	32,100	615	31,900	13,918	389,206	0
	(ii)	0	0	0	0	0	0	0
9 DAGNA LAUFER VP & HEAD OF CLINICAL DEVELOPMENT	(i)	320,380	34,600	1,234	31,900	579	388,693	0
	(ii)	0	0	0	0	0	0	0
10 LABEEB ABOUD SEC. SR VP, GEN COUNS (UNTIL 7/31/21)	(i)	231,893	41,537	2,915	25,094	18,986	320,425	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
PART I, LINE 7	BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II). CHRISTOPHER PARKS AND SWATI GUPTA RECEIVED A SUPPLEMENTAL BONUS OF \$100,000 AND \$50,000 RESPECTIVELY FOR WORK DONE IN CONNECTION WITH THE DEVELOPMENT OF COVID VACCINE CANDIDATES WHICH WERE SUBSEQUENTLY LICENSED TO A THIRD PARTY. THESE BONUSES ARE IN RECOGNITION OF THE CONTRIBUTION PARKS AND GUPTA MADE FOR THIS PROGRAM. DECISION TO GRANT THESE SUPPLEMENTAL BONUSES WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF IAVI'S BOARD OF DIRECTORS, AND SUBSEQUENTLY SHARED WITH THE ENTIRE BOARD OF DIRECTORS.

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number

13-3870223

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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 the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting 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
(1) NOODLE FOX MEDIA	THE OWNER OF THE ENTITY IS A FAMILY MEMBER (SPOUSE) OF AN OFFICER OF IAVI.	23,550	IAVI HAS A CONSULTING AGREEMENT WITH NOODLE FOX MEDIA, TO PROVIDE MANAGING EDITOR SERVICES FOR IAVI REPORT. THE CONSULTANT WAS SELECTED ON A SOLE SOURCE BASIS, DUE TO UNIQUE SKILL AND EXPERIENCE. THE CONSULTANT HAD PREVIOUSLY SERVED AT IAVI AS MANAGING EDITOR FOR IAVI REPORT, AND BROUGHT RELEVANT SUBSTANTIVE KNOWLEDGE, SCIENTIFIC CONTACTS, AND EXPERTISE IN SCIENCE WRITING, EDITING AND MANAGING THE PUBLICATION PROCESS. THE AGREEMENT WAS ESTABLISHED ON AN ARMS-LENGTH BASIS BY THE ORGANIZATION.		No
(2) DESMOND TUTU HIV FOUNDATION	AN IAVI BOARD MEMBER IS THE DEPUTY DIRECTOR AND COO OF THE ENTITY.	67,414	IAVI HAS A SUB-AWARD AGREEMENT WITH DESMOND TUTU INSTITUTE FOR HIV RESEARCH FOUNDATION.		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

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Software Version:

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number

13-3870223

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT AND FINANCE COMMITTEE REVIEWED AND APPROVED THE FORM 990 IN DETAIL WITH THE CONTROLLER AND CFO. IT WAS THEN SENT TO THE FULL BOARD BEFORE IT WAS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	IAVI HAS A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL DIRECTORS, OFFICERS, KEY PERSONS, EMPLOYEES, CONSULTANTS AND ADVISORY COMMITTEE MEMBERS. THE POLICY REQUIRES THAT ALL DIRECTORS, OFFICERS, KEY PERSONS, EMPLOYEES AND ADVISORY COMMITTEE MEMBERS FILE AN ANNUAL DISCLOSURE FORM, INDICATING WHETHER THERE ARE ANY POSSIBLE OR ACTUAL CONFLICTS AS DEFINED UNDER THE POLICY. IN ADDITION, ALL ARE REQUIRED TO DISCLOSE ANY POSSIBLE OR ACTUAL CONFLICTS ON AN ONGOING BASIS. ANNUAL DISCLOSURE FORMS, AS WELL OTHER CONFLICT OF INTEREST DISCLOSURES THAT ARISE DURING THE YEAR, ARE FILED WITH AND REVIEWED BY THE GENERAL COUNSEL'S OFFICE. IN ADDITION, THE AUDIT & FINANCE COMMITTEE REVIEWS CONFLICT OF INTEREST DISCLOSURES THAT INVOLVE A DIRECTOR, OFFICER, OR KEY PERSON. IN EACH CASE, THE REVIEW ENSURES THAT ANY CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST IS PROPERLY ADDRESSED, MITIGATED, AND/OR MANAGED. CONFLICT OF INTEREST DISCLOSURES ARE SUMMARIZED AND PROVIDED TO THE CHAIR OF THE AUDIT & FINANCE COMMITTEE FOR REVIEW BY THE AUDIT & FINANCE COMMITTEE. IF ANY CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST DISCLOSURE INVOLVES THE CHAIR OF THE AUDIT & FINANCE COMMITTEE, THE COMMITTEE MEETS WITHOUT THE CHAIR.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD PERIODICALLY COMMISSIONS A COMPENSATION SURVEY OF THE CEO'S COMPENSATION PACKAGE. THE SURVEY COMPARES COMPENSATION PACKAGES OF CEOS OF ORGANIZATIONS THAT ARE COMPARABLE TO IAVI. THE COMMITTEE REVIEWS THE RESULTS OF THE SURVEY AND RECOMMENDATIONS MADE, DISCUSSES THIS WITH THE BOARD BEFORE PROVIDING SPECIFIC GUIDANCE AND APPROVAL TO IAVI'S MANAGEMENT. THE COMPENSATION COMMITTEE DETERMINES THE APPROPRIATE PACKAGE FOR THE CEO AND THE BOARD CHAIR SHARES THIS INFORMATION WITH HUMAN RESOURCES FOR IMPLEMENTATION. IAVI ENGAGES AN EXTERNAL SPECIALIZED FIRM WITH EXPERTISE TO CONDUCT THE SURVEY AND PROVIDE RECOMMENDATION TO THE COMPENSATION COMMITTEE. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE OF THE BOARD ARE DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES FOR EACH MEETING OF THE MEMBERS. ALSO THE SAME IS CAPTURED IN THE BOARD MINUTES AS REPORTED OUT BY THE COMPENSATION COMMITTEE CHAIR FOR BOARD DISCUSSIONS AND APPROVAL. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2021. IN CONJUNCTION WITH THE CEO'S COMPENSATION REVIEW, THE COMPENSATION COMMITTEE OF THE BOARD ALSO COMMISSIONS AN EXTERNAL COMPARATIVE COMPENSATION SURVEY OF ORGANIZATIONS SIMILAR TO IAVI, IN WHICH THE COMPENSATION PACKAGES OF ALL OTHER OFFICERS AND KEY EMPLOYEES ARE BENCHMARKED AGAINST THE LABOR MARKET TO DETERMINE APPROPRIATENESS OF PAY. THE COMMITTEE REVIEWS THE RESULTS AND RECOMMENDATIONS FROM THIS SURVEY AND PROVIDES MANAGEMENT WITH SPECIFIC GUIDANCE IN ADDRESSING ANY DISPARITIES. USING BENCHMARK JOB CLASSIFICATIONS, ONCE EVERY 2 YEARS IAVI COMMISSIONS A COMPENSATION SURVEY, ACROSS ALL ITS OFFICES TO DETERMINE THE COMPETITIVENESS OF ITS COMPENSATION PROGRAMS AND TO ENABLE THE ORGANIZATION TO CONTINUE TO ATTRACT AND RETAIN THE RIGHT TALENT IN THESE VARIOUS MARKETS. IN MOST CASES THE LOCAL LABOR MARKET IS CONSIDERED AND FOR CERTAIN POSITIONS, REGIONAL MARKETS MUST BE TARGETED. THE RESULTS OF EACH SURVEY ARE REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD, WHICH GIVES MANAGEMENT OVERALL GUIDANCE ON COMPENSATION DIRECTION. BASED ON RECOMMENDATIONS AND GUIDANCE OF THE COMPENSATION COMMITTEE, THE EXECUTIVE OFFICE AND HUMAN RESOURCES COMMUNICATE CHANGES TO ANY AFFECTED EMPLOYEES. ANY COMPENSATION CHANGES ARE DETERMINED BASED ON EXTERNAL COMPETITIVENESS RELATIVE INTERNAL VALUE, INDIVIDUAL PERFORMANCE, TEAM DYNAMIC, AND IAVI'S ABILITY TO PAY.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.
FORM 990, PART VIII, LINE 1E	ON APRIL 22, 2020, IAVI RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$3,429,355 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE INITIALLY CALLED FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. ON JUNE 5, 2020, THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT OF 2020 (FLEXIBILITY ACT) WAS SIGNED INTO LAW, AMENDING THE CARES ACT, INCLUDING THE FIRST PAYMENT DATE. ON SEPTEMBER 20, 2021, THE LOAN AMOUNT OF \$3,429,355 WAS FULLY FORGIVEN. THE REVENUE FROM DEBT EXTINGUISHMENT IS RECORDED UNDER OTHER INCOME IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS.
FORM 990, PART XI, LINE 9:	FOREIGN EXCHANGE LOSS -852,329. DE-OBLIGATION OF FUNDS -629,331.

Additional Data

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Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2021
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AIDS VACCINE
INITIATIVE INC

Employer identification number
13-3870223

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IAVI LAB LLC 125 BROAD STREET 9TH FL NEW YORK, NY 10004 26-2031769	LAB RESEARCH	DE	0	2,056,283	IAVI INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STICHTING IAVI VAN DIEMENSTRAAT 48 1013 NH AMSTERDAM NL	RESEARCH SUPPORT	NL	N/A	N/A	IAVI INC	Yes	
(2) IAVI INDIA 4 FACTORY ROAD GROUND FLOOR ANSARI NAGAR WEST, NEW DELHI-110029 IN	RESEARCH SUPPORT	IN	N/A	N/A	IAVI INC	Yes	
(3) IAVI SOUTH AFRICA NPC (IAVI-SA) BLACK RIVER PARK 2 FIR ST OBSERVA CAPETOWN SF	RESEARCH SUPPORT	SF	N/A	N/A	IAVI INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)IAVI HOLDING LLC 125 BROAD STREET 9TH FL NEW YORK, NY 10004 26-2032322	HOLDING COMPANY	DE	IAVI INC	C			100.000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STICHTING IAVI	B	547,072	ACTUAL
(2) IAVI-SA	B	1,548,272	ACTUAL

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**