PUBLIC DISCLOSURE COPY

Form **990** 

# \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 <u>2</u>3 **Open to Public** Inspection

Depa	artment o	of the Treasury nue Service	Go to www.irs.gov/Forr	m990 for instructions and	the latest ir	formation.		Inspection		
			ar year, or tax year beginning		ending					
	Check if		f organization		v	D Employer ider	ntificat	ion number		
	applicable	o.	ATIONAL AIDS VACCINE							
	Addre	ss INITIA	TIVE, INC.							
	Name chang	e Doing b	usiness as IAVI			13-38702	23			
	Initial		and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone nur	nber			
	 Final return/	125 BE	OAD STREET	,	9TH FL	(212)847-				
	termin ated	-	own, state or province, country, and ZIP	or foreign postal code	•	G Gross receipts \$		153,956,867.		
	Ameno	أمما	DRK, NY 10004	0 1		H(a) Is this a grou	ıp retu	'n		
	Applic tion	F Name a	nd address of principal officer: MARK B.	FEINBERG				Yes X No		
	pendir		C ABOVE			<b>H(b)</b> Are all subordina				
1	Tax-exe	empt status: [	X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attac	ch a list	. See instructions		
	Vebsit		VI.ORG			H(c) Group exem	ption n	umber		
K	orm of	organization: [	X Corporation Trust Assoc	ciation Other	L Year	of formation: 1996	M S	tate of legal domicile: DE		
Pa	art I	Summary								
•	1	Briefly describ	e the organization's mission or most sig	nificant activities: TRANSL	ATE SCIEN	TIFIC DISCOVER	RIES			
ő		INTO AFFOR	DABLE, GLOBALLY ACCESSIBLE PUE	BLIC HEALTH SOLUTIONS	3					
Governance	2	Check this bo	x if the organization discontin	nued its operations or dispos	sed of more	than 25% of its net	assets	S.		
ove	3	Number of vo	ting members of the governing body (Pa	rt VI, line 1a)			3	14		
		Number of inc	lependent voting members of the goverr	ning body (Part VI, line 1b)			4	13		
Activities &	5		of individuals employed in calendar year				5	268		
VİŤ	6	Total number	of volunteers (estimate if necessary)				6	13		
Acti	7 a		d business revenue from Part VIII, colum				7a	0.		
_	b	Net unrelated	business taxable income from Form 990	D-T, Part I, line 11	. <u></u>		7b	0.		
						Prior Year 143,987,75	_	Current Year		
ē	8	Contributions		124,587,673.						
ent	9					2,569,92		2,297,276.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, an			-178,81		2,762,423.		
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c			403,41		31,028.		
			- add lines 8 through 11 (must equal Pa			146,782,28		129,678,400		
			milar amounts paid (Part IX, column (A),	30,303,44		31,255,891.				
			to or for members (Part IX, column (A), li			44 464 11	0.	0.		
es	15		r compensation, employee benefits (Part			44,464,12	0.	48,531,593.		
Expenses	16a		undraising fees (Part IX, column (A), line		570.		0.	0.		
Ä			ing expenses (Part IX, column (D), line 25	,		56,421,19	6	53,108,753.		
_	1 "		es (Part IX, column (A), lines 11a-11d, 11			131,188,76		132,896,237		
			s. Add lines 13-17 (must equal Part IX, c expenses. Subtract line 18 from line 12	olumn (A), line 25)		15,593,51		-3,217,837.		
- 2		nevenue less	expenses. Subtract line 18 from line 12		Be	ginning of Current Ye		End of Year		
Net Assets or	20	Total assets (I	Part X, line 16)			128,948,48		124,233,943.		
ASSE	20	,	s (Part X, line 26)			62,681,43		60,310,191.		
Net,	22		fund balances. Subtract line 21 from line	<u>-</u> 20		66,267,05		63,923,752.		
	art II	Signatur				1 - 1		, , , .		
	or popo	Jane De Constaned	beland that I have examined this return inc	luding accompanying schedule	s and stateme	ents, and to the best o	f mv kn	owledge and belief, it is		
true	. correc	t. and complete	Decravation of preparer (other than officer) is	s based on all information of w	hich preparer	has any knowledge.	,	<b>3</b>		
	Ó	1000 P				7/18/2	024			
Sig	n	Signature of o	fficer			Date				
Her		LOUIS D. S	CHWARTZ, CFAO							
		Type or print r	ame and title							
		Print/Type pre	parer's name Rr	eparer's signature	[	Date Check	(	PTIN		
Paid	ł		LOCASTRO, CPA	Perhand J. Locastro	0	7/10/2024 <sup>if</sup> self-e	mployed	P00288314		
	parer	Firm's name	GELMAN, ROSENBERG & FREEDMAN	0	ı	Firm's EIN		-1392008		
	Only	Firm's address	4550 MONTGOMERY AVE SUITE 80	00N						
			BETHESDA, MD 20814-2930			Phone no.	301-9	51-9090		
May	y the IF	RS discuss thi	s return with the preparer shown above?	? See instructions				X Yes No		
-			eduction Act Notice, see the separate		12-21-23			Form <b>990</b> (2023)		

	990 (2023) INITIATIVE, INC.		13-3870223 Pa	ge <b>2</b>
Par	t III Statement of Program Service Accomplishn			<b></b>
	Check if Schedule O contains a response or note to any li	ne in this Part III		X
	Briefly describe the organization's mission:			
	A NONPROFIT SCIENTIFIC RESEARCH ORGANIZATION TH			
	AND ANTIBODIES FOR HIV, TUBERCULOSIS, EMERGING	INFECTIOUS DISEASES,		
	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 X	] No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant chan	ges in how it conducts, any program services?	Yes X	] No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for	or each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to repo	ort the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$112,549,400. includin	ng grants of \$ 31,255,891. ) (Revenu	ue\$2,297,27	6.
	RESEARCH AND DEVELOPMENT: THROUGH SCIENTIFIC AN	D CLINICAL RESEARCH IN		
	AFRICA, INDIA, EUROPE, AND THE U.S., IAVI DEVEL	OPS VACCINES AND		
	ANTIBODIES IN AND FOR THE DEVELOPING WORLD AND	SEEKS TO ACCELERATE		
	THEIR INTRODUCTION IN LOW-INCOME COUNTRIES. IAV	I ADVANCES SCIENTIFIC		
	DISCOVERY AND DEVELOPMENT BY FOSTERING UNIQUE C	OLLABORATIONS AMONG		
	ACADEMIA, INDUSTRY, LOCAL COMMUNITIES, GOVERNME	NTS, AND FUNDERS TO		
	EXPLORE NEW AND BETTER WAYS TO ADDRESS PUBLIC H	EALTH THREATS THAT		
	DISPROPORTIONATELY AFFECT PEOPLE LIVING IN POVE	RTY. VACCINE AND		
	ANTIBODY CANDIDATES ARE PUT THROUGH A RIGOROUS	PROCESS OF CLINICAL		
	EVALUATION AMONG KEY POPULATIONS TO ESTABLISH T	HEIR SAFETY AND		
	EFFICACY, AN EFFORT THAT ENABLES IAVI TO STRENG	THEN THE HEALTHCARE		
	INFRASTRUCTURE AND SCIENTIFIC CAPACITY OF COUNT	RIES WHERE OUR CLINICAL		
4b	(Code:) (Expenses \$ includin	ng grants of \$ (Revenue)	ue \$	
4c	(Code:) (Expenses \$ includie	ng grants of \$ ) (Revenue	ue \$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$	) (Revenue \$	)	
			) Form <b>990</b> (2	

INTERNATIONAL AIDS VACCINE

Part IIV         Checklist of Required Schedules           1         Is the organization described in section 501(c)(3) or 4047(a)(1) (other than a private foundation)?         Image: Checklist of Target's Checklist of Target's Checklist of Coentifications? See instructions           2         Is the organization requeries (the complete Schedule C, Part I         Image: Checklist of Target's Checklist of Target's Checklist of Coentification regard in Checklist of Target's Checklist of Target	Form	990 (2023) INITIATIVE, INC. 13-387022	23	Р	age 3
I Is the organization described in sectors D1(c)(3) or 4967(q)(1) (other than a private foundation)?       I       X         2 Is the organization engages in direct is index polarization angage in loobying activities on bails of or in opposition to candidates for animal amounts as defined in effect or index polarization angage in loobying activities, or have a section 501(h) election in effect and the symptone Schedule C, Part I       3       X         3 Is the organization association SO1(k) 40.01(c)(5), or 501(k)(6) organization bails for on taxes a section 501(h) election in effect and induces and particles, or have a section 501(h) election in effect and induces and particles membership dues, assessments, or animal amounts as defined in Park N, Pros, B 61(R) H, Yres, 'complete Schedule C, Part I       5       X         6 Did the organization martain any doors advised funds or any similar funds or accounts for which donars have the right to provide advice on the distribution or investment of amounts in salt funds or accounts for Wes, 'complete Schedule C, Part I       5       X         7 Did the organization martain any doors advised funds or any similar funds or accounts for Wes, 'complete Schedule C, Part I       6       X         9 Ubit the organization martain and collectors of vorks of at . Instorcal inforeauxes, or other similar assects? If "Yes," complete Schedule D, Part I       7       X         9 Did the organization martain and the Park X, line 21, for sicrow or custodial account liability, serve as a custodial for any constraint on particle in Park X, line 10, Park V       10       X         9 Did the organization serviors multin Park X, line 21, for isserve opare	Pa	t IV Checklist of Required Schedules			
M* Yes, "complete Schedule A.       1       X         2       Is the organization regards in direct or indirect political campaign activities on behalf of or in opposition to candidate for unitice of 000° (10) election in effect of 000° (10) election or investment of amounts in such funds or associating for which donors have the right to provide advice on the definitution or investment of amounts in such funds or associating for which donors have the right to provide advice on the definitution or investment of amounts in such funds or associating for wes, "complete Schedule D, Part II       5       X         9       Did the organization maximum calcular cancer, or the attribute serve open papes.       7       X         9       Did the organization reports an amount in Part X, line 21, for escore or custical all assets?       110° Kes* complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escore or custical assets?       110° X       X         10       Did the organization report an amount in Part X, line 21, for escore or custical assets?       110° X       X         11       If the organization report an amount in Part X				Yes	No
1         abs. Complete Schedule 8, Schedule of Contributors? See Instructions         2         X           3         bit the organization regare to complete Schedule 2, Part 1         3         X           4         Section 50 (Ip(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for units and units as Schedule C, Part 1         4         X           5         Ib the organization ascentine 50 (Ip(4), 50 (Ip(5), or 50 (Ip(6)) organization that receives membership dues, assessments, or similar amounts as defined in Park Proc. 68 (191 / Yms), complete Schedule C, Part 1         5         X           6         Did the organization markes and shares measures in such shares and amounts in ask fands or accounts? If Yms), complete Schedule C, Part 1         6         X           7         Did the organization markes in addition fands or accounts? If Yms), complete Schedule C, Part 1         6         X           8         Did the organization markes in addition fands or accounts? If Yms), complete Schedule C, Part 1         6         X           9         Did the organization markes in addition accounts in addition accounts in addition and the addition and the addition accounts in additin accounts in addition accounts addition account in addition acco	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on bealt of or in opposition to candidates for public official if Yise," complete Schedule C, Part I         3         X           A Section SO(Ka) organization. Did the organization engage in lobbying activities, or have a section SO(h) election in effect during the tax year // Yise," complete Schedule C, Part I         4         X           A Section SO(ka) organization and yob or adviced time for an organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99 197 // Yise," complete Schedule C, Part II         5         X           B Did the organization residue any door adviced time of any summits runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in auch funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts or assemut, including searomat to preveave open space. The environment, historic land areas, or historic structures? // Yise," complete Schedule D, Part II         8         X           B Did the organization matina cellections of works of art, historical ressures, or other amilar assets? If 'Yes," complete Schedule D, Part II         8         X           D Did the organization amount on thart X, line 11, for second or cell schedule D, Part II         8         X           D Did the organization engort an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 127 // Yes, 'complete Schedule D, Part VI         10         X           D Did the organization report an amount		If "Yes," complete Schedule A	1	Х	
public officit // 'Yes, ' complete Schedule C, Part /         3         X           4         Section 50((c)) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect         4         X           5         Is the organization a section 501(c)(d). 501(c)(d)	2		2	Х	
public officit // 'Yes, ' complete Schedule C, Part /         3         X           4         Section 50((c)) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect         4         X           5         Is the organization a section 501(c)(d). 501(c)(d)	3	,			
4         Section 501(c)(3) organizations. Did the organization engage in liability excitivities, or have a section 501(b) election in effect during the tax ward <i>H</i> 'way. complete Schedule <i>C</i> , Part <i>H</i> .         5         X           5         Is the organization as exertion 501(c)(4, 501(c)(5, or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in the PR-Pooc 591(7) <i>H</i> 'way. complete Schedule <i>D</i> , Part <i>H</i> .         6         X           6         Did the organization relevance of hold a conservation in such funds or account's for which donors have the tight to provide advice on the distribution or investment of amounts in such funds or account's for which donors have the tight to provide advice on the distribution or investment of amounts in such funds or account's for which donors have the tight to provide advice on the distribution or investment or structures? <i>H</i> 'we, ' complete Schedule D, Part <i>H</i> .         6         X           7         Did the organization mation collections of works of art, historical treasures, or other similar asset2' <i>H</i> 'way, ' complete Schedule D, Part <i>H</i> .         8         X           10         Did the organization includ y or through a related organization, hold assets in donor restricted endowments or in quasi-indowments? <i>H</i> 'yes, ' complete Schedule D, Part <i>V</i> .         10         x           11         If the organization report an amount for investments - other securities in Part X, line 12, the 15 % or more of its total assets reported in Part X, line 12' <i>H</i> 'yes, ' complete Schedule D, Part <i>V</i> .         10         x           11         If the organization report an amount for		public office? If "Yes." complete Schedule C. Part I	3		Х
during the tax year? If Yes,* complete Schedule C, Part II         4         X           5         Is the organization a section 50(c)(4), 501(c)(5), 501(c	4				
5         Is the organization ascience 501(p(k), 010(p)), or 601(p)) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 96:1979 // Yeg, "complete Schedule C, Part III."         X           6         Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such times? III 'Yeg, "complete Schedule D, Part II			4	х	
similar amounts as defined in Rev. Proc. 98-197 (#*Yes,* complete Schedule C, Part II     5     X       6     Dott the organization maintain any door 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right in assets? (#*Yes,* complete Schedule D, Part II     6     X       7     Did the organization maintain collections of works of art, historical treasures, or other similar assets? (#*Yes,* complete Schedule D, Part II     7     X       9     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments     7     X       10     Did the organization functify or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization report an amount for investments - other securities in Part X, line 10? (!! Yes,* complete Schedule D, Part V!     10     X       12     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? (!! Yes,* complete Schedule D, Part V!     10     X       13     X     Did the organization report an amount for investments - program related in Part X, line 15?, that is 5% or more of its total assets reported in Part X, line 16? (!! Yes,* complete Schedul	5				
6       Did the organization maintain any denor advised funds or any similar funds or accounts for which donors have the right to provide divice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide divice on the distribution or investment of anounts in such funds or accounts for Wres, "complete Schedule D, Part II       6       X         7       Did the organization maintain collections of works of art, historical treasures, or projets Schedule D, Part II       7       X         8       X       0       Did the organization maintain collections of works of art, historical treasures, or projets Schedule D, Part II       8       X         9       Did the organization maintain collections of works of art, historical treasures, or projets Schedule D, Part IV       8       X         10       Did the organization anount in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for anount in runaintain or anount for land, buildings, and equipment in Part X, line 10? III 'Yes, 'complete Schedule D, Part V       10       X         10       III the organization report an amount for investments - organ related organization report an amount for investments - program related IPart X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II'Yes, 'complete Schedule D, Part VI       114       X         10       Did the organization report an amount for investments - program related IPart X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II'Yes, 'complete Schedule D, Part VI       116       X <td></td> <td></td> <td>5</td> <td></td> <td>x</td>			5		x
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amount on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       8       X         9       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi-anownet for Ves," complete Schedule D, Part IV.       10       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments?       10       X         11       If the organization report an amount for lawestments - forganization structures.       11       X         12       X       11       X       11       X         13       X       11       X       11       X         14       the organization report an amount for lawestments - forganization report an amount for investments for the X, line 127, If Yes, ' complete Schedule D, Part X.	6				
7       Did the organization receive or hold a conservation assement, including assements to preserve open space.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization. hold assets in donor-restricted endowments or in quasi-endowments? If 'Yes," complete Schedule D, Part V       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V       10       X         11       B the organization report an amount for investments- other securities 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 VI       11a       X         12       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 VI       11a       X         13       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 VI			6		x
the environment, historic land areas, or historic structures? If Y'es, "complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Y'es, "complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, dobt management, credit repair, or dobt negotiation services?       9       X         10       Did the organization report an amount for investments, dubt management, credit repair, or dobt negotiation services?       9       X         11       If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI       10       X         12       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 167 if "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII       11a       X         14       Did the organization report an amount for investments to the tax year include a loothorte that addresses the organization report an amount for other assets in Part X, line 157, if "Yes," complete Schedule D, Part X       11a       X         14 <td>7</td> <td></td> <td></td> <td></td> <td></td>	7				
8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? # "Yes," complete       8       X         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 negatization services?       9       X         10 Did the organization. Glock D, Part V       9       X         10 Did the organization services?       9       X         11 If the organization services?       9       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI       11a       X         11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI       11a       X         11 Did the organization report an amount for ther assets in Part X, line 15, that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         12 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11a       X         13 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X <td< td=""><td>•</td><td></td><td>7</td><td></td><td>x</td></td<>	•		7		x
Schedule D, Part III       8       X         9 Did the organization report an amount in Part X, line 21, the 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?       8       X         9 Did the organization, diedu D, Part IV       9       X       9       X         10 Did the organization, diedu D, Part IV       10       X       10       X         11 If the organization, diedu D, Part IV       10       X       3       3       3       3       10       X         12 Obt the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI       10       X       11       X       10       X         13 If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part XIII       110       X       111       X         14 Did the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part XIII       111       X       112       X         15 Did the organization report an amount for investments for the xay ari If Yes," complete Schedule D, Part X       116       X       116       X         16 Did the organizati	8		<u> </u>		
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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If Yes, "complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V       10       X         12       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 VI       11a       X         13       Did the organization report an amount for threastments - orber gram 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 VI       11a       X         14       Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If Yes, "complete Schedule D, Part XI       11a       X         14       Did the organization isoparate, independent audited financial statements for the tax year?       11a       X         15       Did the organization isoparate, independent audited financial statements for the tax year?       114       X         1	Ū		8		x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         ID dth eroganization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         ID dth organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         ID dth 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       11       X         ID dth 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 VII       11       X         ID dth 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 VII       114       X         ID dth organization separate or consolidated financial statements for the tax year includes actives the organization asserte or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       114       X         12       Did the organization neover anumout for the isoff annoid statements for t	9				
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, UX, or X, as applicable.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       11       X         13       Did the organization report an amount for investments - other securities 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 VI       11       X         14       Did the organization report an amount for other assets 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 XI       11       X         11       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11       X         11       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11       X         12       Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       X       11       X       114 <td>Ū</td> <td></td> <td></td> <td></td> <td></td>	Ū				
In the complete Schedule D, part V       10         In the organization, directly or through a related organization, hold assets in donor-restricted endowments       10         If the organization directly or through a related organization, hold assets in donor-restricted endowments       10         If the organization directly or through a related organization is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.       10       X         If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 <i>H</i> "Yes," complete Schedule D, Part VII       11       X         Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 <i>H</i> "Yes," complete Schedule D, Part VIII       110       X         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 167 <i>H</i> "Yes," complete Schedule D, Part VIII       111       111       X         Did the organization separate or consolidated financial statements for the tax year indivenses and the organization is aparate or consolidated financial statements for the tax year?       111       X         12a       Did the organization asparate or asset and onsolidated financial statements for the tax year?       114       X         13       If the organization induced in accossidated financial statements for the tax year?       122       X			a		x
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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.       Image: the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         11       assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: the organization report an amount for investments - organs 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 VII       Image: 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 VII       Image: 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 VII       Image: the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year?       Image: the X         12a       Did the organization is apprate, independent audited financial statements for the tax year?       Image: the organization answered "No" to line 12a, then completing Schedule D, Part X X and XII       Image: the organization answered "No" to line 12a, then completing Schedule D, Part X X and XII is optional       Image: the X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       Image: the tax X       Image: the tax X         12a       X <td>10</td> <td></td> <td>10</td> <td></td> <td>x</td>	10		10		x
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c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11tc       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       11a       X         13       Is the organization naintain an office, employees, or agents outside of the United States?       14a       X         14       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 I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X	D		446		x
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d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization botain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization nobtain separate, independent audited financial statements for the tax year?       11f       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(II)?       If "Yes," complete Schedule E       13a       X         14a       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 II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16	C		110		x
Part X, line 16? /f "Yes," complete Schedule D, Part IX       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         13       Is the organization a school described in section 170(b)(1/V(li))? /f "Yes," complete Schedule D, Parts XI and XII is optional       12b       X         14a       X       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         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 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 II and IV       16       X         17       Did the organization neport more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 total of fundraising event gros	لم				<u> </u>
<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>.</li> <li>The X</li> <li>Did the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>.</li> <li>Did the organization bain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>.</li> <li>Did the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>.</li> <li>Was the organization aswered "No" to <i>line 12a</i>, <i>then completing Schedule D, Parts XI and XII is optional</i>.</li> <li>Is the organization aschool described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII is optional</i>.</li> <li>Is the organization navered "No" to <i>line 12a</i>, <i>then completing Schedule D, Parts XI and XII is optional</i>.</li> <li>Is the organization aschool described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>.</li> <li>Did the organization navered "No" to <i>line 12a</i>, <i>then completing Schedule D, Parts XI and XII is optional</i>.</li> <li>Is the organization navered "No" to <i>line 12a</i>, <i>then completing Schedule D, Parts XI and XII is optional</i>.</li> <li>It <i>X</i>.</li> <li>Did the organization neport to Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign ind</li></ul>	a		444	x	
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740?) if "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for orign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions 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 G, Part I.       16		Part X, line 16? If "Yes," complete Schedule D, Part IX			<u> </u>
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         b       Did the organization nave 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 II and IV       14b       X       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants o			11e	А	<u> </u>
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         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 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 II and IV       16       X         16       Did the organization report more than \$15,000 of expenses for professional fundraising services 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 G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of gross income form graming activities on Part IX,	T		1.44		v
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         17       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagnegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         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 II and IV       16       X         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 II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, l	40-		111		
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b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         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       21       X					<u> </u>
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       21       X	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	b		20b		└──
	21		1		1
332003 12-21-23 Form <b>990</b> (2023)		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			
	332003	12-21-23	Form	990	(2023)

INTERNATIONAL AIDS VACCINE

Form	990 (2023) INITIATIVE, INC. 13-387022	3	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.	v	
29	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c 29	X	x
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Par		00	I	L
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
20000	(gambling) winnings to prize winners?	Eorm	x 990	(2023)
JJ2004	4 12-21-23 <b>4</b>	1 0111		(2023)

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INTERNATIONAL	AIDS	VACCINE

Form	990 (2023) INITIATIVE, INC.		13-387022	3	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					-
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	268			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a	X	
b	If "Yes," enter the name of the foreign countrySEE_SCHEDULE_O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBA	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizatio	n solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as r	equired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.				000	(0005)
332005	12-21-23 <b>F</b>			Form	390	(2023)

16420710 745960 19485

INTERNATIONAL AIDS VACCINE

Part VI       Governance, Management, and Disclosure. For each Yes' response to lines 2 through 7b below, end for a 'No' response to line & B, 8b, or 10b below, describe the circumstances, processes, or changes on 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       Image: Section A. Governing Body and Management         Ia Enter the number of voting members of the governing body, at the end of the tax year if there are marked inferences in voting rights among members of the governing body, or if the governing body.       Image: Section A. Governing Body and Management Section A. Sec instructions.         Ia Enter the number of voting members included on line 1a, above, who are independent in the governing body.       Image: Section A. Se		INTERNATIONAL AIDS VACCINE					
b file 8, 8, 0 or 100 below, describe the circumstances, processes, or changes on Schedule O. See instructions.         Cited (Breduck) Conducting response or note to any line in this Part VI.         Section A. Governing Body and Management         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 includes or similar committee, capian on Schedule 0.         1b Enter the number of voting members includes or similar committee, capian on Schedule 0.         1b Enter the number of voting members includes on line 1a, above, who are independent         2 Did an organization deegate control over management dutes. customarily performed by or under the direct supervision of offices, director, trustees, or key employees to a management company or other person?         3 Did the organization make any significant changes to its governing documents since the prior Form 600 was filed?         3 Did the organization make any significant changes to its governing documents since the prior Form 600 was filed?         3 Did the organization neare during the year of a significant diversion of the organization sectors of the organization reserved to for subject to approval by memoers, stockholders, or pressons who had the power to elect or appoint one or more members of the governing body?         4 Did the organization neare warm by ear of a significant diversion of the organization sectors of the governing body?         4 Did the organization neare any diversion diverse and adversase on Schedule 0.         5 Did the organization neare ware during the year of a supficant changes to sub	Form					Р	age <b>6</b>
Check If Schould C contains a response or note to any line in this Part VI         Image: Check If Schould C contains a response or note to any line in this Part VI           1a         Enter the number of voting members of the governing body at the and of the tax year         14         14         14           1b         Enter the number of voting members of the governing body, of if the governing body at the and of the tax year         13         13           2         Did any officer, director, trustee, or key employees have a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to an anagement donary or other genotic?         13           2         Did the organization have any significant changes to its governing documents since the prior Form 800 was filed?         2           3         Did the organization have members, stockholders?         5         5           3         Did the organization have members, stockholders?         6         7           4         Did the organization have members, stockholders?         7         7           5         Did the organization have members, stockholders?         7         7           6         Did the organization have members, stockholders, or enter persons who had the power to elect or appoint one or more members of the governing bod?         7           6         Did the organization have member biolides and protein sectors undrakem during thay as by the fileword?         7	Par				a "No" i	respor	ise
Section A. Governing Body and Management       1a       Enter the number of voting members of the governing body at the end of the tax year       1a       1a <td></td> <td>to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O</td> <td>See ir</td> <td>nstructions.</td> <td></td> <td></td> <td></td>		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ir	nstructions.			
a Enter the number of voting members of the governing body, at the end of the taxy sear       1a       1a       1d         a Enter the number of voting members of the governing body, or if the governing body and the number of voting members included on the 1a, above, where are independent       1a       1d         b Enter the number of voting members included on time 1a, above, where are independent       13       2d         c Hot the organization deligate control over management duelise customarily performed by or under the direct supervision of officers, furstee, or key employees to a management duelise customarily performed by or under the direct supervision of officers, furstee, or key employees or an anagement duelise is not the organization have members or the governing body?       2       2         b Did the organization neare any significant changes to its governing documents since the prior form 990 was lied?       4       2         c Did the organization have members, stockholders?       6       2       2         d Did the organization nearements, stockholders?       7       6       2         d Did the organization nearements, stockholders?       7       6       2         d Did the organization ontemporaneously document the meeting held or writes actions underskee using the downing body?       7       7         g Did the organization nearement bodies and procedures governing body?       9       7       8							X
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If there are material differences in worting rights among members of the governing body, or the governing body, or the governing body, or the governing body, or the governing body decigates traced authority to an excetive complexe examiny relationship or a business relationship with any other diffice, director, trustee, or key employees have a family relationship or a business relationship with any other diffice, director, trustee, or key employees to a management ducies customarily performed by or under the direct supervision of offices, director, trustee, or key employees to a management ducies customarily performed by or under the direct supervision of offices, directors, trustees, or key employees to a management ducies customarily performed by or under the direct supervision of offices, directors, trustees, or key employees are of a significant diversion of the organization have members or stockholders?       2         9       Did the organization have members, stockholders, or other persons. Who had the power to elect or appoint one or more members and the diversion of the organization have members, stockholders, or persons. Other than the governing body?       2         9       Did the organization comment, body?       2       2         9       Did the organization comment body?       2       2         9       Did the organization have members, stockholders, or other active subject to appoint the or appoint one or more members and didenses and diverses on Schedule 0.       7         9       Did the organization notwee substantiation and diseases on Schedule 0.       9         9       Did the organization notwee substantiation and diseases on Schedule 0.       9						Yes	No
body alloginated transformation doministic or similar committies, explain on Schedule 0.         10         13           2         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a splin fact of target documents since the prior Form 900 was filed?         2         2         3           3         Dot the organization have members, stockholders?         6         7         7         7         7         7         7         7         7         7         7         7         7         7         7         7 <td>1a</td> <td></td> <td><u>1a</u></td> <td>1</td> <td>4</td> <td></td> <td></td>	1a		<u>1a</u>	1	4		
b         Enter the number of voting members included on line 1a, above, who are independent         10         12           2         Did any officer, director, trustee, or key employee?         2         2         2           3         Did the organization delegate control over management duties customarily performed by or under the direct supervision of offices, of key employees to a management company or other person?         2         2         2           4         Did the organization make any significant changes to its governing documents since the prior Form 590 was filed?         4         2           5         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization bace members, stockholders, or other persons who had the poweral by imembers, stockholders, or persons who had the poweral by imembers, stockholders, or persons who had the poweral by imembers, stockholders, or persons other than the governing body?         7b         7a         7							
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3       Did the organization delegate control over management duties customality performed by or under the direct supervision of officers, of recy employees to a management company or other person?       3       3         4       Did the organization bacome aware during the year of a significant dawarion of the organization's assets?       5         5       Did the organization have members, stockholders?       6         7a       Did the organization have members, of stockholders?       6         7b       Did the organization nave members, of stockholders?       7         6       Did the organization nave members, of stockholders?       7         7b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or presons other than the governing body?       8a       x         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       x         8       Did the organization nave memoreworks document the meetings held or written actions undertaken during the year by the following:       8a       x         9       Each committee with autionty to act on behalf of the governing body?       8a       x         9       Each committee with autionty to act on behalf of the governing body and the internal Revenue Code)       9a       1a         100       Did the organization neavemore consistent with the cono	2		with a	ny other			
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4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       5         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       2         7       Did the organization have members or stockholders?       6       2         7       Did the organization have members or stockholders?       6       2         8       Did the organization are members or stockholders?       6       2         9       Did the organization neare members or stockholders?       7a       2         8       Did the organization neare members or stockholders?       7a       2       7a         9       Did the organization centemportaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization nave uniten operations are consistent with the granization stockholders?       Yes, 1         100       Did the organization nave written policies and procedures governing body before filing the form?       Yes, 1         101       Did the organization nave awritten operations are consistent with the granization o	3		e direct	supervision			
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b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       70         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       78         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       78         b       Each committee with authority to act on behalf of the governing body?       88       X         b       Each committee with authority to act on behalf of the governing body?       80       X         b       Each committee with authority to act on behalf of the governing body for the internal Revenue Code.       9         Section B. Policies (This Section B requests information about policies not procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this form 990.       11a         b       Did the organization have written conflict of interest policy? If 'N'o, 'go to line 13       12a       11a         c       Did the organization nave a written whistebolwer policy?       12a       12a       12a       12b       12c       X         c       Did the organization have a written policy of this Form 990.       12c       11a       12a       12a       12a       12a       12a	/a						x
Persons other than the governing body?       7b       7b         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       8         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "ves," aroyide the names and addresses on Schedule 0       9       9         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "ves," aroyide the names and addresses on Schedule 0       Yes. If         9 Did the organization have local chapters, branches, or affiliates?       10a       X         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         11a       Has 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       X         11a       Has the organization have a written offici of interest policy?       11a       X         12a       Did the organization have a written offici of interest policy?       12a       X         12b       Did the organization have a written offici of interest policy?       13a       X         13       Did the organization have a written occument retention and destruction policy?       14 <td></td> <td></td> <td></td> <td></td> <td><u>/a</u></td> <td></td> <td></td>					<u>/a</u>		
B       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Image: Contemporaneously document the meetings held or written actions undertaken during the year by the following:         a       The governing body?       Ba         b       Each committee with authority to act on behalf of the governing body?       Ba         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?       Yes         10a       Did the organization have local chapters, branches, or affiliates?       Yes         10a       Did the organization have local chapters, branches, or affiliates?       Yes         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body?       Yes         12b       Did the organization required to the process, if any, used by the organization regulated by the form 990.       Yes         12a       Did the organization regulary and consistently monitor and enforce compliance with the policy? // *Yes,* describe on Schedule O the the process, if any, used by the organization regulary and consistently monitor and enforce compliance with the policy?       Yes         13       Did the organization regulary and consistently monitor and enforce compliance with the policy?       Yes,* describe on Schedule O the this was done         14       X       X       X       X	D				71.		x
a The governing body?       Ba X         b Each committee with authority to act on behalf of the governing body?       Ba X         g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yas," provide the names and addresses on Schedule O       9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a Did the organization have local chapters, branches, or affiliates?       Yes         11a Has the organization nave 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?       10a       X         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X       11a       X         12a Did the organization regulary and consistent with the organization to review this Form 990.       12a       X       11a       X         12a Did the organization nave a written conflict of interest policy? If 'No,'' go to line 13       12a       X       12a       X         13 Did the organization have a written wisiteblower policy?       13a       X       14a       X         14 Did the organization have a written wisiteblower policy?       14a       X       15b       X       15b       X	•				10		
b       Each committee with authority to act on behalf of the governing body?       Bb       X         9       is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," <i>irroyide the manes and addresses on Schedule O</i> 9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a       Did the organization have local chapters, branches, or affiliates?       Yes         b       If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b       X         11a       as the organization new written conflict of interest policy? If "No," go to line 13       12a       X         12a       Did the organization reyoided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         12       Did the organization have a written whistleblower policy?       14       X       12a       X         14       Did the organization have a written whistleblower policy?       14       X       14       X         15       Did the organization have a written whistleblower policy? <t< td=""><td></td><td></td><td>-</td><td>-</td><td>0.0</td><td>x</td><td></td></t<>			-	-	0.0	x	
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<ul> <li>18 Section 6104 requires an organization to make its Forms 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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records LAKHERAM SUKHDE0 - (212)763-5462</li> <li>125 BROAD STREET, 9TH FL, NEW YORK, NY 10004</li> </ul>							
<ul> <li>for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>X Own website</li> <li>X Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>19 Describe on 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records             <ul> <li>LAKHERAM SUKHDEO - (212)763-5462</li> <li>125 BROAD STREET, 9TH FL, NEW YORK, NY 10004</li> </ul> </li> </ul>							
<ul> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records         <ul> <li>LAKHERAM SUKHDEO - (212)763-5462</li> <li>T25 BROAD STREET, 9TH FL, NEW YORK, NY 10004</li> </ul> </li> </ul>	18		nd 990-	1 (section 501(c)(3	)s only)	availa	ble
<ul> <li>19 Describe on 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records         LAKHERAM SUKHDEO - (212)763-5462         125 BROAD STREET, 9TH FL, NEW YORK, NY 10004     </li> </ul>			-				
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 LAKHERAM SUKHDEO - (212)763-5462 125 BROAD STREET, 9TH FL, NEW YORK, NY 10004	40				al fire	مادا	
20 State the name, address, and telephone number of the person who possesses the organization's books and records LAKHERAM SUKHDEO - (212)763-5462 125 BROAD STREET, 9TH FL, NEW YORK, NY 10004	19		ITTICT O	i interest policy, ar	iu finan	cial	
LAKHERAM SUKHDEO - (212)763-5462 125 BROAD STREET, 9TH FL, NEW YORK, NY 10004	00		ko =				
125 BROAD STREET, 9TH FL, NEW YORK, NY 10004	20		iks and	records			
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<sup>2023.04000</sup> INTERNATIONAL AIDS VACCIN 19485\_1

INTERNATIONAL AIDS VACCINE

Form 990 (2023)	INITIATIVE, INC.		3-3870223 Pag	e 7
Part VII Compe	nsation of Officers, Directors, Trustees, K	ey Employees, Highest Compensate	ed	
Employ	ees, and Independent Contractors			
Check if S	Schedule O contains a response or note to any line in t	nis 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, box 6 of 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MARK B. FEINBERG	35.00		_		-		-			
PRESIDENT/CEO		х		x				719,151.	0.	110,715.
(2) ANA CESPEDES MONTOYA	35.00									
CHIEF OPERATING OFFICER				х				531,087.	0.	79,268.
(3) LOUIS D. SCHWARTZ	35.00									
ASST. SEC. & CFAO				х				390,586.	0.	76,520.
(4) SWATI GUPTA	35.00									
VP, HEAD OF EID & EPIDEM.						X		379,201.	0.	76,490.
(5) DAGNA LAUFER	35.00									
VP & HEAD OF CLINICAL DEV.						X		394,188.	0.	41,148.
(6) CHRISTOPHER PARKS - ASSOC.	35.00									
AVP. VIRAL VAC. & HEAD OF DDL						X		365,204.	0.	62,119.
(7) SANGEETHA SAGAR	35.00									
VP & HEAD OF PRODUCT DEV						X		376,047.	0.	33,504.
(8) MIN DING	35.00									
GEN. COUNS. & SEC.	25.00		<u> </u>	х	<u> </u>			333,986.	0.	71,843.
(9) ERIC SKJEVELAND	35.00							244, 205		
VP, BUSINESS DEVELOPMENT	25.00		<u> </u>		<u> </u>	X		341,395.	0.	36,715.
(10) MARIO GAGLIANO	35.00							100.045		14 020
CPO, VP OF HR (FROM 9/23)	25.00			X				102,045.	0.	14,230.
(11) FRANCES SINHA	35.00							105 000		0
FORMER OFFICER							х	105,000.	0.	0.
(12) ERIC PAUL GOOSBY	2.00								0	0
BOARD CHAIR (13) ROBERT GOLDBERG	2.00	X		X				0.	0.	0.
BOARD TREASURER	2.00	x		x				0.	0.	0
(14) LINDA-GAIL BECKER	1.00	^	-	^		-		· · ·	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) DAVID BLUMBERG	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) JIM CONNOLLY	1.00							·.		<u>.</u>
BOARD MEMBER		x						0.	0.	0.
(17) MARK DYBUL	1.00							· · ·	<b>·</b> ·	<del>````</del>
BOARD MEMBER		x						0.	0.	0.
332007 12-21-23	1							1 - •	-•	Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

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INTERNATIONAL AIDS VACCINE

INTERNATIONAI	AIDS VACC	INE											
Form 990 (2023) INITIATIVE,	INC.								13-38	7022	3	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do box offi	not c	Pos heck	C) sitior more erson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org an	ipensa rom the anizat d relate anizatio	e ion ed
(18) WAFAA EL-SADR BOARD MEMBER	1.00	x						0.		0.			0.
(19) ALEXIS M. PINTO	1.00												
BOARD MEMBER (20) JOHN W. SHIVER	1.00	X						0.		0.			0.
BOARD MEMBER	1 00	x						0.		٥.			٥.
(21) SUSAN SILBERMANN BOARD MEMBER	1.00	x						0.		٥.			0.
(22) ANNE MARTIN SIMONDS	1.00												
BOARD MEMBER (23) RAJEEV VENKAYYA	1.00	X						0.		0.			0.
BOARD MEMBER	1 00	x						0.		٥.			0.
(24) MARIJKE WIJNROKS BOARD MEMBER	1.00	x						0.		٥.			0.
1b Subtotal								4,037,890.		0.		602,	
c Total from continuation sheets to Part VI	, Section A			••••				0.		0.		<u> </u>	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th						o re	4,037,890. eceived more than \$100,	000 of reportable	- •		602,	143
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emp	loye	e, or	hig	phest compensated emp	oyee on				
<ul><li>line 1a? If "Yes," complete Schedule J for set</li><li>For any individual listed on line 1a, is the su</li></ul>								per compensation from t			3	х	
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				v
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or sı	ıch .	pers	ion .					5		X
1 Complete this table for your five highest con	-								· · · ·	pensat	tion fro	)m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin	the organization's tax y	ear.		(0		
Name and business								Description of s	ervices	С		nsatio	n
EMMES CORPORATION, 401 N. WASHINGTON STE 700, ROCKVILLE, MD 20850	ST.,							CLINICAL RESEARCH	C TITTE C		1	,245,	043
AUSTRALIAN BIOLOGICS PTY LTD., PO BOX	K 587,						-	CHINICAL RESEARCH	SIODIES		I	,245,	045.
CRAIGIEBURN, VICTORIA, AUSTRALIA 306	1							REGULATORY CONSULT	ANT			401,	508.
WITS HEALTH CONSORT., 31 PRINCESS OF TER, PARKTOWN, JOHANNESBURG, AUSTRAL								PROGRAM CONSULTANT				267,	425.
ARMSTRONG TEASDALE, 2005 MARKET STREE													
SUITE 2900, PHILADELPHIA, PA 19103-43								LEGAL SERVICES				241,	508.
U.S. MEDICAL EQUIP. CONS., INC., 5602 72ND ST., #324, OKLAHOMA CITY, OK 732								EQUIPMENT MAINTENA	NCE			219,	338.

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

Form 990 (2023)

332008 12-21-23

INTERNATIONAL AIDS VACCINE

INITIATIVE, INC.	13-3870223	Page <b>9</b>
INTERNATIONAL MED WROCINE		

			2023) INITIATIVE,	INC.				13-387022	3 Page
Part	t V	111	Statement of Revenue						
			Check if Schedule O contains a r	esponse (	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue		(D) Revenue exclude from tax under sections 512 - 5
Service Contributions, Gifts, Grants nue and Other Similar Amounts	2	b c d e f <u>g</u> h	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1a       1b       1c       1d       1e       1f       1g \$	70,009,700. 54,577,973. Business Code 900099 900099	124,587,673. 1,922,276. 375,000.	1,922,276. 375,000.		
Program Service Revenue			d			2,297,276.			
	3 4 5		Income from investment of tax-exemp Royalties	pt bond p	roceeds	3,256,766.			3,256,76
	7	b c d a b	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c       Net rental income or (loss)     6c       Gross amount from sales of assets other than inventory     7a       Less: cost or other basis     1	ecurities 84,124.	(ii) Personal				
Other Revenue	8	c d a	Net gain or (loss) Gross income from fundraising events (n- including \$ contributions reported on line 1c). Se Part IV, line 18	94,343. ot of ee 		-494,343.			-494,34
	9	c a b c	Less: direct expenses Net income or (loss) from fundraising Gross income from gaming activities. Part IV, line 19 Less: direct expenses Net income or (loss) from gaming act	events . See 9a 9b 					
	11	b c a	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inv MISCELLANEOUS	<u>10a</u> 10b		31,028.			31,02
Miscellarieous Revenue			All other revenue			31,028. 129,678,400.	2,297,276.	0.	2,793,45

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INTERNATIONAL AIDS VACCINE

Form 990 (2023) INITIATIVE, INC.
Part IX Statement of Functional Expenses INITIATIVE, INC.

13-3870223 Page 10

	Check if Schedule O contains a respons	· · · · · ·			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> G	arants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21 🛛 📃	9,318,320.	9,318,320.		
	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
<b>3</b> G	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16	21,937,571.	21,937,571.		
<b>4</b> B	Benefits paid to or for members				
	Compensation of current officers, directors,				
tr	rustees, and key employees	2,429,430.	151,978.	2,277,452.	
<b>6</b> C	ompensation not included above to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)	105,000.		105,000.	
	Other salaries and wages	36,453,779.	25,840,589.	10,598,058.	15,132.
	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	2,954,957.	2,117,251.	836,597.	1,109.
	Other employee benefits	4,068,743.	2,787,146.	1,280,146.	1,451.
<b>10</b> P	Payroll taxes	2,519,684.	1,683,262.	835,548.	874.
<b>11</b> F	ees for services (nonemployees):				
a M	lanagement				
bL	egal	1,090,452.	258,674.	831,778.	
сА	ccounting	215,651.		215,651.	
d L	obbying	225,000.			225,000.
	rofessional fundraising services. See Part IV, line 17				
f In	nvestment management fees	89,219.		89,219.	
g C	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A), amount, list line 11g expenses on Sch 0.)	798,898.	60,000.	738,898.	
<b>12</b> A	dvertising and promotion				
<b>13</b> C	Office expenses	850,783.	512,843.	337,940.	
	nformation technology	1,572,404.	1,206,462.	365,942.	
<b>15</b> R	Royalties				
<b>16</b> C	Occupancy	5,859,423.	5,268,900.	590,523.	
	ravel	1,911,741.	1,609,217.	300,881.	1,643.
<b>18</b> P	Payments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
<b>19</b> C	Conferences, conventions, and meetings	404,539.	348,430.	56,109.	
	nterest				
<b>21</b> P	Payments to affiliates				
	Depreciation, depletion, and amortization	1,545,566.	1,468,855.	76,711.	
	nsurance	410,686.	301,444.	109,242.	
al lii	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
a R	ESEARCH&CLINICAL SVCS	31,039,846.	30,731,454.	308,392.	
ьĽ	AB SUPPLIES/EQUIPMENT	5,293,070.	5,293,070.		
c U	NALLOWABLE COSTS	1,138,668.	1,083,411.	55,257.	
dE	QUIPMENT MAINT.	367,321.	339,834.	27,487.	
e A	Il other expenses	295,486.	230,689.	51,436.	13,361.
25 T	otal functional expenses. Add lines 1 through 24e	132,896,237.	112,549,400.	20,088,267.	258,570.
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

m 990	(2023) INITIATIVE, INC.				13-3	870223 Page
art X	(					r ugo
	Check if Schedule O contains a response or not	e to any lin	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments	29,030,740.	2	34,403,22		
3	Pledges and grants receivable, net			53,415,955.	3	46,434,55
4	Accounts receivable, net			472,428.	4	279,53
5	Loans and other receivables from any current or	former offi	cer, director,			
	trustee, key employee, creator or founder, subs	antial conti	ributor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali	fied person	s (as defined			
	under section 4958(f)(1)), and persons described	d 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			613,872.	9	146,76
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		47,610,615.			
1	b Less: accumulated depreciation		46,683,234.	2,254,328.	10c	927,38
11	Investments - publicly traded securities			31,756,089.	11	33,407,40
12	Investments - other securities. See Part IV, line -				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	11,405,072.	15	8,635,00		
16	Total assets. Add lines 1 through 15 (must equ			128,948,484.	16	124,233,94
17	Accounts payable and accrued expenses			7,733,196.	17	9,420,20
18	Grants payable			13,914,391.	18	11,781,7
19	Deferred revenue			27,962,390.	19	28,968,88
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form		· ·			
	trustee, key employee, creator or founder, subs		ributor, or 35%			
22	controlled entity or family member of any of the	-			22	
23	Secured mortgages and notes payable to unrela		····· -		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	-	· .	13 071 453	05	10 139 30
00	of Schedule D			13,071,453. 62,681,430.	25	10,139,30
26			X	02,001,430.	26	00,510,1
	Organizations that follow FASB ASC 958, che	ck nere				
07	and complete lines 27, 28, 32, and 33.			35,250,334.	27	32,056,01
27 28	Net assets with donor restrictions			31,016,720.	27	31,867,73
27 28 29 30 31 32	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			-,,,,,,,,,,,,,-	20	,,
	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 ec				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			66,267,054.	32	63,923,75
			·····	128,948,484.	33	124,233,94

124,233,943. Form 990 (2023)

332011 12-21-23

33

Total liabilities and net assets/fund balances

128,948,484.

33

	INTERNATIONAL AIDS VACCINE				
Form	1990 (2023) INITIATIVE, INC.	13-38702	23	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	129	,678,	400.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132	,896,	237.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 3	,217,	837.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66	,267,	054.
5	Net unrealized gains (losses) on investments	5		-39,	593.
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 on Schedule O)	9		914,	128.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	,923,	752.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u> </u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			w	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L

Form **990** (2023)

SC	SCHEDULE A Public Charity Status and Public Support						OMB No. 1545-0047			
(Form 990)			Complete if the organization is a section 501(c)(3) organization or a section						2023	
Depar	tment of t	he Treasury		4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.					Open to Public	
Department of the Treasury Internal Revenue Service					Form990 for instruction			ormation.		Inspection
Nam	ne of th	e organizatio	on INTERN	ATIONAL AIDS VA	CCINE				Employer	identification number
De		Deerer		TIVE, INC.						13-3870223
Pa					(All organizations must c			ee instruction	IS.	
1ne <b>1</b>	<u> </u>		•		For lines 1 through 12, cl		,	IV A V:)		
2					on of churches described Attach Schedule E (Form			I)(A)(I).		
3					anization described in se		(h)(1)(A)(ii	i)		
4		•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name,
	c	city, and state	:							
5	<u> </u>	An organizatio	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		-		Complete Part II.)						
6			-	-	nental unit described in					and the state of the set for
7		-		illy receives a substai omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	Dudiic described in
8		-			(1)(A)(vi). (Complete Par	: 11.)				
9		-			in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college
	c	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
				mplete Part III.)	(less section 511 tax) fro	in pusities	ses acqui	red by the org	janization a	inter Julie 30, 1973.
11					ively to test for public sat	ety. See	section 50	)9(a)(4).		
12		-	•	-	ively for the benefit of, to	•			rry out the	purposes of one or
	r	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
			•	• •	f supporting organizatior				-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
b		-		complete Part IV, Se anization supervised	or controlled in connect	ion with it:	s supporte	d organizatio	n(s), by hay	rina
				-	anization vested in the sa			-		-
		organizatior	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
			0	()()	). You must complete I					
d		••	-	• •	oorting organization oper				•	
				•	ation generally must sat	•		•	i an attentiv	/eness
е		-	-		written determination from				II. Type III	
			•		nally integrated supporti			· ) ·, · )	···, · <b>, </b> - ···	
f	Enter	the number of	of supported c	organizations						
<u> </u>				about the supporte		(iv) Is the orac	anization listed	(		(iii) Americant of other
	(1)	Name of suppo organization	nieu	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
					above (see instructions))	Yes	No			
Tota	al									

INTERNATIONAL AIDS VACCINE

Sche	edule A (Form 990) 2023	NITIATIVE, INC				13-38702	223 Page <b>2</b>		
	rt II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and				
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization								
	fails to qualify under the tests			-	. ,		0		
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	(4) 2010	(10) 2020	(0) 2021		(0) 2020			
•	membership fees received. (Do not								
	include any "unusual grants.")	84,811,837.	88,668,597.	124,414,676.	143,987,755.	124,587,673.	566,470,538.		
2	Tax revenues levied for the organ-	, ,	, ,	, ,	, ,	, ,			
-	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	84,811,837.	88,668,597.	124,414,676.	143,987,755.	124,587,673.	566,470,538.		
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,			
Ŭ	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						144,053,796.		
6	Public support. Subtract line 5 from line 4.						422,416,742.		
	tion B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	84,811,837.	88,668,597.	124,414,676.	143,987,755.	124,587,673.	566,470,538.		
	Gross income from interest,		, ,	, ,	, ,	, ,			
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,171,355.	741,488.	613,689.	751,530.	3,256,766.	6,534,828.		
9	Net income from unrelated business	, ,	,	,	,	, ,			
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	1,207,878.	226,173.	171,107.	403,411.	31,028.	2,039,597.		
11	<b>Total support.</b> Add lines 7 through 10	, ,	,	,		,	575,044,963.		
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	14,462,623.		
	First 5 years. If the Form 990 is for th		,			· · · ·			
	organization, check this box and <b>stor</b>	0							
Sec	tion C. Computation of Publi								
	Public support percentage for 2023 (I		-	column (f))		14	73.46 %		
15	Public support percentage from 2022		•			15	72.49 %		
	<b>33 1/3% support test - 2023.</b> If the c								
	stop here. The organization qualifies	0		,		,			
b	33 1/3% support test - 2022. If the o								
	and stop here. The organization qual	•				•			
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-	5			
b	10% -facts-and-circumstances test	-			-	7a. and line 15 is	10% or		
-	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	<b>Private foundation.</b> If the organizatio						;		
	<u> </u>		,				(Form 990) 2023		

332022 12-21-23

Schedule A (Form 990) 2023

INTERNATIONAL AIDS VACCINE

INITIATIVE, INC.

13-3870223 Page **3** 

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.)

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				-		1
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	rcentage			<del> </del>	
	Public support percentage for 2023 (		•	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<del> </del>	
	Investment income percentage for 20		'			17	%
							<u>%</u>
19a	<b>33 1/3% support tests - 2023.</b> If the						ine 17 is not
	more than 33 1/3%, check this box at	-	•				
b	<b>33 1/3% support tests - 2022.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	IT UIU NOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		
JJ202	23 12-21-23		15	5		Sched	lule A (Form 990) 2023

INTERNATIONAL AIDS VACCINE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Schedule A (Form 990) 2023

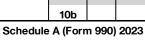
INITIATIVE, INC. Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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16

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	INTERNATIONAL AIDS VACCINE			
	dule A (Form 990) 2023 INITIATIVE, INC.	13-3870223	Pa	ige 5
Pai	t IV Supporting Organizations (continued)			
4	Lies the exemination eccentred a sift or contribution from any of the following personal		Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
h		11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised organization and the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised and the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised and the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised and the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised and the powers to appoint and/or remove officers, directors, or trustees were allocated among a supervised and the powers to appoint and the power officers.	cers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru- The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
b c	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>	v loop instanti		
2 2	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a governmental entity</i> . Activities Test. <b>Answer lines 2a and 2b below.</b>	y (see instruction		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	140
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Зb Schedule A (Form 990) 2023

2b

3a

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17

	INTERNATIONAL AIDS VACCINE			
Sch	edule A (Form 990) 2023 INITIATIVE, INC.			13-3870223 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain ii</i>	γ Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sec	tion 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		
	tion 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):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting or	janization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

	INTERNATIONAL AIDS	VACCINE			
Sche	dule A (Form 990) 2023 INITIATIVE, INC.				13-3870223 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions		· ·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>    i   </u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:			_	
	Excess from 2019				
	Excess from 2020			_	
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

	INTERNATIONAL AIDS VACCINE INITIATIVE, INC.	13-3870223	Daga
Part IV, Section A, lines line 1; Part IV, Section [	prmation. Provide the explanations required by Part II, line 10; Part II 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, d 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Sectio line 1; Part V, Section B, line 1e; F	Page 8 on C, Part V,
SCHEDULE A, PART II, LINE 1	0, EXPLANATION FOR OTHER INCOME:		
RE TAXES REFUND			
2019 AMOUNT: \$ 30,000.			
OTHER INCOME			
2019 AMOUNT: \$ 49,560.			
2020 AMOUNT: \$ 114,697.			
2021 AMOUNT: \$ 103,555.			
2022 AMOUNT: \$ 403,411.			
2023 AMOUNT: \$ 31,028.			
OAN FORGIVENESS			
2019 AMOUNT: \$ 59,169.			
2020 AMOUNT: \$ 63,601.			
2021 AMOUNT: \$ 67,552.			
ASSET TRANSFER CREDIT			
2019 AMOUNT: \$ 942,000.			
2020 AMOUNT: \$ 47,875.			
SANK CREDIT			
2019 AMOUNT: \$ 127,149.			
332028 12-21-23		Schedule A (Form	990) 202
20710 745960 19485	20 2023.04000 INTERNATI		

16420710 745960 19485

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

#### Schedule B Schedule of Contributors OMB No. 1545-0047 (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL AIDS VACCINE INITIATIVE, INC. 13-3870223 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( <sup>3</sup>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation

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

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

### **General Rule**

Form 990-PF

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

### Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990) (2023)		Page <b>2</b>
	rganization TIONAL AIDS VACCINE		Employer identification number
	IVE, INC.		13-3870223
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	S Type of contribution
<u>    1</u>		\$30,549,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
2		\$28,763, 	227.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
3		\$22,065,	413.       Person       X         413.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4		\$11,621,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$10,154,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
6		\$6,510,	693. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

16420710 745960 19485

Schedule I	B (Form 990) (2023)		Page <b>2</b>
	rganization TIONAL AIDS VACCINE	En	ployer identification number
	IVE, INC.		13-3870223
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$4,494,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3,519,448	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$3,058,025	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

16420710 745960 19485

Schedule I	3 (Form 990) (2023)		Page <b>3</b>
Name of o			Employer identification number
	'IONAL AIDS VACCINE VE, INC.		13-3870223
			1
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	J
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

24

323453 12-26-23

Schedule B (Form 990) (2023)

Schedule E	B (Form 990) (2023)		Page <b>4</b>
Name of o	rganization		Employer identification number
INTERNAT	IONAL AIDS VACCINE		
	IVE, INC.		13-3870223
	from any one contributor. Complete columns (a)	through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(c) use of girt	
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE C	Politic	al Campaign	and Lobbyir	ng Activities	OMB No. 1545-
Form 990)			-	-	27 2023
epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					-
					aign Activities), then:
<ul> <li>Section 501(c)(3) orga</li> </ul>	nizations: Complete P	arts I-A and B. Do not co	mplete Part I-C.		- "
<ul> <li>Section 501(c) (other t</li> </ul>	han section 501(c)(3))	organizations: Complete	Parts I-A and C below	. Do not complete Par	t I-B.
<ul> <li>Section 527 organizat</li> </ul>	ons: Complete Part I-/	A only.			
-					
				•	•
					•
-		990, Part IV, line 5 (Prox	y Tax) (see separate i	nstructions) or Form	990-EZ, Part V, line 35c (P
		omplete Part III			
	., .	•			Employer identification n
Ū	INITIATIVE, INC.				13-3870223
Part I-A Complet			er section 501(c)	or is a section 52	27 organization.
1 Provide a description	of the organization's	direct and indirect politic	al campaign activities	in Part IV.	
2 Political campaign ad	tivity expenditures		-		\$
3 Volunteer hours for p					
Part I-B Complet	e if the organiza	tion is exempt und			
		, ,			
			• • • • • • • • • • • • • • • • • • • •		
					Yes
		tion is exempt und	er section 501(c).	except section 5	501(c)(3).
				-	
					Ψ
			6		\$
•					*
line 17b	•			, 	\$
4 Did the filing organiza	ution file Form 1120-F	<b>OL</b> for this year?			Yes
					eparate segregated fund or a
political action comm	Ittee (PAC). If addition	nal space is needed, prov	1		
		(b) Address	(c) EIN		from <b>(e)</b> Amount of pol
(a) Name					
( <b>a)</b> Name					on's contributions receive
<b>(a)</b> Name					on's contributions receive promptly and dire delivered to a sepa
<b>(a)</b> Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name	mm 990)       For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Conplete if the organization is described below. Attach to Form 990 or Form 990-EZ. Co to www.rs.gov/Form990 for instructions and the latest information.       Den to Public Inspection         a 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 IA and B. Do not complete Part IA.       Section 501(c)(3) organizations: Complete Part IA and P. Do not complete Part IA.         Section 501(c)(3) organizations: Complete Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: Section 501(c)(3) organizations: Complete Part IA. Do not complete Part IIA.         Section 501(c)(3) organizations: Complete Part IV.       Complete form 5768 (election under section 501(h): Complete Part IIA. Do not complete Part IIA.         Section 501(c)(0) organizations: Complete Part IIA.       Employer identification number 118: 500 (go organizations inth have NOT filde Form 5768 (election under section 501(h): Complete Part IIA.         Section 501(c)(0), (5), or (6) organizations: Complete Part IIA.       Employer identification number 118: 71747; JUS         Section 501(c)(0), (5), or (6) organizations: Complete Part III.       Employer identification number 118: 71747; JUS         Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.       Provide a description of the organization is exempt under section 501(c)(3).         Errier the amount of any excise tax incurred by the organization under section 501(c)(2).       Employer iden				
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat
(a) Name					on's contributions receive promptly and dire delivered to a sepa political organizat

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

	INTERNAT	IONAL AIDS VACCINE		
	dule C (Form 990) 2023 INITIATI			70223 Page <b>2</b>
Pa		n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
Α	Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	Check if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	225,000.	
с	Total lobbying expenditures (add lines 1a and	1b)	225,000.	
d	<b>O</b>		132,582,018.	
е	Total exempt purpose expenditures (add lines	s 1c and 1d)	132,807,018.	
f	Lobbying nontaxable amount. Enter the amou	unt from the following table in both columns.	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, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all o	f the five columns be	low.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d</b> ) 2023	<b>(e)</b> 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	257,550.	247,500.	247,500.	225,000.	977,550.
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					

Schedule C (Form 990) 2023

332042 11-06-23

### Doc

sign Envelope ID: C4E6F230-DB57-4FC8-85A4-49295D47548B				
INTERNATIONAL AIDS VACCINE				
Schedule C (Form 990) 2023 INITIATIVE, INC.		13-387		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and hat (election under section 501(h)).	s NOT file	ed Form 5	768	
	(a	a)	(k	)
of the lobbying activity.	Yes	No	Amo	ount
<b>1</b> 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?				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
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 not be described in section 501(c)(3)?				
<b>b</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)(6).	n 501(c)(5	5), or secti	on	
			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 campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part III		3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
a Current year		2a		
b Carryover from last year				
c Total				
0 A new set of the set of the set of the $0000(x)(t)(t)(t)$ with the set of the set of $000(x)$ shows				
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds</li> </ul>				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions				

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.

Schedule C (Form 990) 2023

332043 11-06-23

Part IV

Supplemental Information

SCHEDULE 0 (Form 960)       Complete International and Call Entremests       2021         Dependence of the interview       Depine the exploration of the organization and the is latest information.       Depine the Depine De	OMB No. 1545-0047				
Depart	ment of the Treasury				
			0 for instructions and the latest information		•
Nam	e of the organizatio	511			
Par	t I Organiza		d Funds or Other Similar Funds o		
		-			
			(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at en	nd of year		.,	
_				l funds	
	-		-		Yes No
6					
	•		• •		
				0	Yes No
Par					
1					
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	historically import	ant land area
	Protection of	f natural habitat			
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribution in the form of	a conservation ea	sement on the last
а	Total number of co	onservation easements		2a	
с	-	-			
				2d	
3					the tax
	year				
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,			during the year
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	on easements durii	ng the year
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense st	atement and	
	balance sheet, and	l include, if applicable, the text of the footr	ote to the organization's financial statemen	ts that describes t	he
				0	- 1 -
Par		-		er Similar Ass	ets.
<b>1</b> a	•	· ·			orks
		•		•	
b	•	· ·			
			exhibition, education, or research in further	rance of public ser	vice,
	•	0		-	
				•	
-	.,	, , , , , , , , , , , , , , , , , , , ,			
2	•			jain, provide	
	•		C C	*	
	CHEDULED IN THE CONCENT IN CLAIM CONCENT AND CONCENT AND THE CO				
			<section-header></section-header>		
	-	eauction Act Notice, see the Instructions	5 TOR FORM 990.	Scheo	iule D (Form 990) 2023
332051	09-28-23		20		

	INTERNATIO	NAL AIDS VACCIN	Е								
Sche	dule D (Form 990) 2023 INITIATIVE							13-387		F	Page 2
Par	t III Organizations Maintaining C	collections of Ar	rt, Hist	orical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).			-	-	-	nificant us	se of its			
a					hange progra						
b	Scholarly research	6	e 📖	Other							
c	Preservation for future generations	- 11 41							VIII		
4	Provide a description of the organization's co			-	-			e în Part	XIII.		
5	During the year, did the organization solicit of										<b>_</b>
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organization	i answered "Y	es" on F	orm 990, F	Part IV, II	ne 9, or		
4	•			t. 11 t <sup>2</sup>							
па	Is the organization an agent, trustee, custod		•						7.2		٦
	on Form 990, Part X?							∟	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		
									Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		
	Did the organization include an amount on F						y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds Complete if				,				() -		
		(a) Current year	(b) F	Prior year	(c) Two years	s back (	d) Three ye	ars back	(e) Four	years	back
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	t are held ar	d administere	ed for the	)				
	organization by:	-							Γ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost	or other (other)	<b>(c)</b> Ac	cumulated reciation	1	(d) Book	valu	ie
1a	Land										
	Buildings										
	Leasehold improvements			20	,019,070.	1	19,833,7	01.		185	369.
	Equipment				,591,545.		26,849,5				012.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X line 1	Oc column	(B))					927	381.
		igaari onni 330, Edil			<i>رر</i> ی,				D (Form		

INTERNATIONAL AI	DS VACCINE			
Schedule D (Form 990) 2023 INITIATIVE, INC.			13-3870223	Page 3
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 e	nd-of-year market v	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
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 e	nd-of-year market v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	L			,
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	alue
(1) SECURITY DEPOSITS			3	17,706.
(2) LOAN & EXCHANGE				7,496.
(3) RIGHT-OF-USE ASSETS			8,3	, 09,866.
(4)			, ,	/
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co.	( (B))		8.6	35,068.
Part X Other Liabilities	. (D))		,	,
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.	
1.         (a) Description of liability	, ,		(b) Book va	alue
(1) Federal income taxes				<u></u>
(2) OPERATING LEASE LIABILITIES			9 7	57,974.
(3) DEFERRED COMPENSATION PAYABLE				81,326.
(5)			1	, •
(4) (5)			-	
(5) (6)			-	
(0)			-	
(8) (9)				
(9) Total, (Column (b) must equal Form 990, Part X, line 25, co			10 1	39,300.
-1999 would the theory of the state of the second form 990 Part X line 25 CO	וחו			- ,

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

	INTERNATIONAL AIDS VACCINE				
Sche	dule D (Form 990) 2023 INITIATIVE, INC.			13-38	70223 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re <sup>.</sup>	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	129,543,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-39,593.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	137,441.		
е	Add lines 2a through 2d			2e	97,848.
3	Subtract line 2e from line 1			3	129,445,506.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,219.		
b	Other (Describe in Part XIII.)	4b	143,675.		
с	Add lines 4a and 4b			4c	232,894.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	129,678,400.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	132,351,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,566,577.		
е	Add lines 2a through 2d			2e	7,566,577.
3	Subtract line 2e from line 1			3	124,784,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,219.		
b	Other (Describe in Part XIII.)	4b	8,022,320.		
с	Add lines 4a and 4b			4c	8,111,539.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,			5	132,896,237.
Pa	t XIII Supplemental Information				

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:					
REVENUE OF STICHTING INTERNATIONAL AIDS VACCINE INI	ITIATIVE				
INCLUDED IN CONSOLIDATED AUDIT REPORT BUT EXCLUDED	FOR				
IAVI FORM 990 REPORTING PURPOSES.		35,848.			
REVENUE OF IAVI INDIA, INCLUDED IN CONSOLIDATED AU	TIT				
REPORT BUT EXCLUDED FOR IAVI FORM 990 REPORTING PUP	RPOSES.	64,515.			
REVENUE OF IAVI-SA, INCLUDED IN CONSOLIDATED AUDIT					
REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES	5.	27,508.			
REVENUE OF IAVI-AFRICA, INCLUDED IN CONSOLIDATED AU	JDIT				
REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES	5.	9,570.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D		137,441.			
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INTERNATIONAL AIDS VACCINE			
Schedule D (Form 990) 2023         INITIATIVE, INC.           Part XIII         Supplemental Information (continued)		13-3870223	Pag
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
INTER-COMPANY REVENUE, ELIMINATED IN CONSOLIDATED AUDIT			
REPORT BUT INCLUDED IN IAVI, INC. FORM 990.	143 675.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES OF STICHTING INTERNATIONAL AIDS VACCINE INITIATIVE			
INCLUDED IN CONSOLIDATED AUDIT REPORT BUT EXCLUDED FOR			
IAVI FORM 990 REPORTING PURPOSES.	2,162,826.		
EXPENSES OF IAVI INDIA, INCLUDED IN CONSOLIDATED AUDIT			
REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES.	182,079.		
EXPENSES OF IAVI-SA, INCLUDED IN CONSOLIDATED AUDIT			
REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES.	3,051,888.		
EXPENSES OF IAVI-AFRICA, INCLUDED IN CONSOLIDATED AUDIT			
REPORT BUT EXCLUDED FOR FORM 990 REPORTING PURPOSES.	2,169,784.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,566,577.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INTER-COMPANY GRANT EXPENSES, ELIMINATED IN CONSOLIDATED			
AUDIT REPORT BUT INCLUDED IN IAVI, INC. FORM 990.	8,022,320.		
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Schedule D (Form 990) 2023

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Control the control to the second service of the second sec	SCHEDULE F (Form 990)			ivities Outside the Un nswered "Yes" on Form 990, Part IV,			MB No. 1545-0047
Name of the organization NETERIMATIONAL ADDE VACUTIBE NITETATIVTE, TRC, Part Concernation on Activities Outside the United States. Complete if the organization answered 'Yes' on Ferm 900, Part IV, line 14b. 1 For grantmakers. Desc the organization maintain records to substantiate the amount of its grants and other assistance, the grantese eligibility for the grants or assistance and the selection criteria used to award the grants and other assistance outside the United States. 3 Actinities persignen. The following Part L ime 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (a) Region (b) Number of (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (b) Number of (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (b) Number of (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (d) Activities conducted in the region) (c) Region (c) Number of (c) Authors or (c) (c) Acta control space is needed) (c) Region (c) Region (c) Number of (c) Authors or (c) (c) Acta control space is needed) (c) Region (c) Regi	Department of the Treasury						
INTITUTE INC.       13-3870223         Part I       General Information on Activities Outside the United States. Complete If the organization answered 'Yes' on Ferm 920, Part N, line 14b.         1       For grantmakers. Desc the organization maintain records to substantiate the amount of its grants and other assistance. In Records to substantiate the amount of its grants and other assistance. In Records to substantiate the amount of its grants and other assistance. In Records to substantiate the amount of its grants and other assistance. In Records to substantiate the amount of its grants and other assistance. In Records the United States.         3       For grantmaker. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Actinities persion. (The following Part Line 3 table can be deplocated if additional space is medice).         (a) Region       (b) Number of (d) Aubites conducted in the region is proceed by a program service, in the region in th	Name of the organization		ww.iis.gov/F0I11				
Part I         General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 930, Part W, line 140.           For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. If the grantese' eligibility for the grants or assistance, and the selection orienta used to award the grants or assistance outside the United States.         Yes         No           2         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         No         Yes         No           2         For grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         No         Yes         No           3         Activities per Region. (The tolowing Part L line 3 table can be duplicated in the region in t	INTERNATIONAL AIDS VAC	CINE					
Form 390, Part IV, line 14b.           1         For grantmakers. Describe in Part V the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         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.         (a) Region         (b) Number of (c) Number of Number of Number of Number of Number of (c) Number of (c) Number of	INITIATIVE, INC.						
Image: For grantmakers. Describe in grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Transmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: Transmakers. 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.)         (9) Hactivity listed in (d) is a program service, in the region of engloyees, in the region of the			ctivities Out	side the United States. Comple	ete if the organ	ization answered "א	es" on
Item grantese' eligibility for the grants or assistance?       Item in 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.)       (e) Region       (f) Number of I       (f) Number of I       (f) Number of I       (f) Number of I       (f) Total environments, grants to response to the region of the region	· · · · · · · · · · · · · · · · · · ·		maintain record	de to substantiate the amount of its gra	nts and other a	esistance	
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 of the region o	-	•		•			Yes 🗌 No
(a) Region       (b) Number of offices in the region       (b) Number of offices in the region       (c) Number of offices in the region       (d) Activities conducted in the region of the region       (e) Hactivity listed in (d) is a program service, gram services, investments, grants to recipients located in the region       (e) Hactivity 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         EUROPE       0       0       CATED IN REGION       7,032,126.         SOUTH ASIA       0       0       LCATED IN REGION       7,032,126.         SUB-SAHARAN AFRICA       0       0       LCATED IN REGION       758,400.         SUB-SAHARAN AFRICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       76       33,260,743.       33,260,743.         b       Total monontinuation sheets to Part 1       0       0       0.	United States.			· · · · ·	•	ner assistance outs	ide the
In the region         employees in the region         for yupe) (such as, thordising, pro- incontractors contractors recipients located in the region)         is a program service. is a progra						(it) (intend in (d)	
EUROPE       0       0       LOCATED IN REGION       7,032,126.         SOUTH ASIA       0       0       LOCATED IN REGION       758,400.         SUB-SAHARAN AFRICA       0       0       LOCATED IN REGION       758,400.         NORTH AMERICA       0       0       LOCATED IN REGION       14,147,045.         NORTH AMERICA       0       0       FROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       FROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         33       30       78       33,260,743.       33,260,743.       33,260,743.       33,260,743.         b       Total from continuation sheets to Part 1       0       0       0.       0.		offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a prog describe	gram service, specific type	expenditures for and investments
SOUTH ASIA       0       0       LOCATED IN REGION       758,400.         SUB-SAHARAN AFRICA       0       0       LOCATED IN REGION       14,147,045.         NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       9,7,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       669,540.         3 a Subtotal       3       78       33,260,743.       33,260,743.       33,260,743.         b Total from continuation sheets to Part 1       0       0       0       0.       0.	EUROPE	0	0				7,032,126.
SOUTH ASIA       0       0       LOCATED IN REGION       758,400.         SUB-SAHARAN AFRICA       0       0       LOCATED IN REGION       14,147,045.         NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         ELUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         SUB-SAHARAN AFRICA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SUB-SAHARAN AFRICA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       669,540.         3a       30       78       33,260,743.       33,260,743.       0.							
SOUTH ASIA       0       0       LOCATED IN REGION       758,400.         SUB-SAHARAN AFRICA       0       0       LOCATED IN REGION       14,147,045.         NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         ELUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         SUB-SAHARAN AFRICA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SUB-SAHARAN AFRICA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       669,540.         3a       30       78       33,260,743.       33,260,743.       0.							
SUB-SAHARAN AFRICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3a       30       78       33,260,743.       33,260,743.       33,260,743.         b       Total from continuation sheets to Part         0       0       0.       0.							
SUB-SAHARAN AFRICA       0       0       LOCATED IN REGION       14,147,045.         NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       36       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3 a       Subtotal       3       78       33,260,743.       33,260,743.         b       0       0       0       0.       0.       0.	SOUTH ASIA	0	0	LOCATED IN REGION			758,400.
NORTH AMERICA       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       2,235,165.         EAST ASIA AND THE PACIFIC       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3a       Subtotal       3       78       33,260,743.       33,260,743.         b       Total from continuation sheets to Part         0       0       0.       0.	CHD CAUADAN APDICA		0				14 147 045
EAST ASIA AND THE       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB- SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3 a       Subtotal       3       78       33,260,743.       33,260,743.         b       Total from continuation sheets to Part I       0       0       0.       0.	SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION			14,147,045.
PACIFIC       0       0       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       917,931.         EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3 a Subtotal       3       78       33,260,743.       33,260,743.         b Total from continuation sheets to Part I       0       0       0.       0.	NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	RESEARCH/AD	VOCACY/POLICY	2,235,165.
EUROPE       1       15       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       6,729,061.         SOUTH ASIA       1       25       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       751,475.         SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3a       Subtotal       3       78       33,260,743.       33,260,743.         b       Total from continuation sheets to Part I       0       0       0.       0.	EAST ASIA AND THE	0	0	PROGRAM SERVICE ACTIVITIES	RESEARCH / AF		917 931
SOUTH ASIA125PROGRAM SERVICE ACTIVITIESRESEARCH/ADVOCACY/POLICY751,475.SUB-SAHARAN AFRICA138PROGRAM SERVICE ACTIVITIESRESEARCH/ADVOCACY/POLICY689,540.3 a Subtotal37833,260,743.b Total from continuation sheets to Part I000.							517,551.
SOUTH ASIA125PROGRAM SERVICE ACTIVITIESRESEARCH/ADVOCACY/POLICY751,475.SUB-SAHARAN AFRICA138PROGRAM SERVICE ACTIVITIESRESEARCH/ADVOCACY/POLICY689,540.3 a Subtotal37833,260,743.b Total from continuation sheets to Part I000.	EUROPE	1	15	PROGRAM SERVICE ACTIVITIES	RESEARCH/AD	VOCACY/POLICY	6 729 061.
SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3 a Subtotal       3       78       33,260,743.         b Total from continuation sheets to Part I       0       0       0.							, _, ,•
SUB-SAHARAN AFRICA       1       38       PROGRAM SERVICE ACTIVITIES       RESEARCH/ADVOCACY/POLICY       689,540.         3 a Subtotal       3       78       33,260,743.         b Total from continuation sheets to Part I       0       0       0.							
3 a         Subtotal         3         78         33,260,743.           b         Total from continuation sheets to Part I         0         0         0.	SOUTH ASIA	1	25	PROGRAM SERVICE ACTIVITIES	RESEARCH/AD	VOCACY/POLICY	751,475.
3 a         Subtotal         3         78         33,260,743.           b         Total from continuation sheets to Part I         0         0         0.							
b Total from continuation 0 0 0 0.					KESEARCH/AD	OVOCACY/POLICY	
sheets to Part I 0 0 0 0.			/0				55,200,745.
		0	0				0.
and 3b)	c Totals (add lines 3a	3	78				33 260 743

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

INTERNATIONAL AIDS VACCINE

Schedule F (Form 990) 2023

INITIATIVE, INC.

13-3870223

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>(b)</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	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			VACCINE ADVOCACY,					
			PUBLIC AFFAIRS AND					
		EUROPE	POLICY	1,143,449.	WIRE TRANSFER	0.		
			RESEARCH &					
		EUROPE	DEVELOPMENT	9,393.	WIRE TRANSFER	0.		
				,				
			RESEARCH &					
		EUROPE	DEVELOPMENT	125,000.	WIRE TRANSFER	0.		
			RESEARCH &					
		EUROPE	DEVELOPMENT	1 057 515	WIRE TRANSFER	0.		
				_,,				
			RESEARCH &					
		EUROPE	DEVELOPMENT	220,000.	WIRE TRANSFER	٥.		
			RESEARCH &					
		EUROPE	DEVELOPMENT	140 666	WIRE TRANSFER	0.		
				140,000.				
			VACCINE ADVOCACY,					
			PUBLIC AFFAIRS AND					
		EUROPE	POLICY	3,186,672.	WIRE TRANSFER	٥.		
			RESEARCH &	204 202				
		EUROPE	DEVELOPMENT		WIRE TRANSFER	٥.		

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

30 4

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

Schedule F (Form 990) 2023

Page 2

INTERNATIONAL AIDS VACCINE

Schedule F (Form 990)		IVE, INC.			13-3870	)223		Page <b>2</b>
			ations or Entities Outside the	United States.			)	1 ugo 2
1 (a) Name of organiza	(b) IBS code section	(c) Begion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH & DEVELOPMENT	765,230.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	10,826.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	326,982.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	129,373.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	76,941.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	10,567.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	10,986.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	55,148.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESEARCH & DEVELOPMENT	92,244.	WIRE TRANSFER	0.		

	INTERNA	TIONAL AIDS VACCIN	E					
Schedule F (Form 990)	INITIAT	IVE, INC.			13-3870	)223		Page <b>2</b>
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	)	
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH & DEVELOPMENT	25,109.	WIRE TRANSFER	0.		
				,				
			RESEARCH & DEVELOPMENT	8 965	WIRE TRANSFER	0.		
				0,505.		<b>.</b>		
		SUB-SAHARAN	RESEARCH &					
		AFRICA	DEVELOPMENT	1,274,962.	WIRE TRANSFER	0.		
			RESEARCH & DEVELOPMENT		WIRE TRANSFER	0.		
		AFRICA	DEVELOPMENT	250,592.	WIRE TRANSFER	υ.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1 505 455	WIRE TRANSFER	0.		
		AFRICA	DEVENOFMENT	1,303,433.	WIKE IKANSFER	0.		
			RESEARCH &	021 000				
		AFRICA	DEVELOPMENT	831,908.	WIRE TRANSFER	0.		
			RESEARCH &	000 500	NTER PENGEED			
		AFRICA	DEVELOPMENT	980,580.	WIRE TRANSFER	0.		
		SUB-SAHARAN	RESEARCH &					
		AFRICA	DEVELOPMENT	18,363.	WIRE TRANSFER	0.		

186,512. WIRE TRANSFER

Ο.

RESEARCH &

DEVELOPMENT

SUB-SAHARAN AFRICA

INTERNATIONAL AIDS VACCINE

Schedule F (Form 990)		TIONAL AIDS VACCIN IVE, INC.	E		13-3870	0223		Page <b>2</b>
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	·
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,539,027.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,091,036.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	1,457,610.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	55,744.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	163,608.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	99,675.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	2,465,947.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH & DEVELOPMENT	2,226,026.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2023 INITIATIVE, INC.

Part III can be duplicated if ad	ditional space is neede		(1) (1)	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	<b>(f)</b> Amount of noncash assistance	( <b>g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe							

Schedule F (Form 990) 2023

13-3870223

Page 3

INTERNATIONAL	ATDS	VACCINE
	11100	AUCCTIAN

	INTERNATIONAL AIDS VACCINE		
Schedu	Ile F (Form 990) 2023 INITIATIVE, INC.	13-3870223	Page 4
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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X 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		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

INTERNATIONAL AIDS VACCINE

	INTERNATIONAL ADD VACCINE		
Schedule F (F	Form 990) 2023 INITIATIVE, INC.	13-3870223	Page 5
Part V	Supplemental Information		
F	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounti	ng method; amounts of	

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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.

332075 11-29-23

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization INTERNATI	ONAL AIDS VACCINE						Employer identification number 13-3870223
Part I General Information on Gra	1						
Does the organization maintain rec criteria used to award the grants of 2 Describe in Part IV the organization Part II Grants and Other Assistant recipient that received more	cords to substantiate the r assistance? n's procedures for monit ce to Domestic Organia	oring the use of grant zations and Domestic	funds in the United c Governments.	States.			X Yes No
<b>1 (a)</b> Name and address of organization or government	tion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE SCRIPPS RESEARCH INSTITUTE OSP - 10550 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037		501(C)(3)	3,088,050.	0.			RESEARCH & DEVELOPMENT
TEXAS BIOMEDICAL RESEARCH INSTITUTE - 8715 W. MILITARY E SAN ANTONIO, TX 78227	DR - 74-1109630	501(C)(3)	1,667,115.	0.			RESEARCH & DEVELOPMENT
LA JOLLA INSTITUTE FOR ALLERGY IMMUNOLOGY - 9420 ATHENA CIRCI LA JOLLA, CA 92037		501(C)(3)	592,672.	0.			RESEARCH & DEVELOPMENT
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30332	58-0566256	501(C)(3)	462,130.	0.			RESEARCH & DEVELOPMENT
THE UNIVERSITY OF TEXAS MEDICA BRANCH @ GALVESTON - 301 UNIVERSITY BLVD GALVESTON, 77555		501(C)(3)	453,031.	0.			RESEARCH & DEVELOPMENT
BOSTON UNIVERSITY TRUSTEES OF BOSTON UNIVERSITY, COMMONWEALTH AVENUE - BOSTON,	881 MA						
02115	04-2103547		432,798.	0.			RESEARCH & DEVELOPMENT
<ul><li>2 Enter total number of section 501(</li><li>3 Enter total number of other organization</li></ul>		-	e line 1 table				

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

Schedule I (Form 990) 2023

INTERNATIONAL AIDS VACCINE INITIATIVE, INC. 13-3870223 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) LSB RESEARCH GROUP, LLC 113 N. ROBINSON STREET MILES, TX 76861 75-2698571 OTHER 401,699 0. RESEARCH & DEVELOPMENT SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105 91-0961784 501(C)(3) 270,413 0 RESEARCH & DEVELOPMENT NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE, 7TH FLOOR CHICAGO, IL 60611 36-2167817 501(C)(3) 250,000 0. RESEARCH & DEVELOPMENT 10X GENOMICS, INC. 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588 45-5614458 OTHER 243,904, 0 RESEARCH & DEVELOPMENT CLINICAL TRIALS OF TEXAS, LLC 5430 FREDERICKSBURA RD. STE 200 74-3019076 501(C)(3) SAN ANTONIO, CA 78229 0. RESEARCH & DEVELOPMENT 194,767.

THE POPULATION COUNCIL, INC. ONE DAG HAMMARSKJOLD PLAZA, 3RD FLO NEW YORK, NY 10017 13-1687001 OTHER 0. RESEARCH & DEVELOPMENT 146,260, TRUSTEES OF TUFTS COLLEGE AKA TUFTS UNIVERSITY - 169 HOLLAND STREET, ATTN: TAX DEPT -SOMERVILLE, MA 02144 04-2103634 501(C)(3) 140 553 0. RESEARCH & DEVELOPMENT TULANE UNIVERSITY THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND . 6823 ST. CHARLES AVENUE 72-0423889 501(C)(3) 138,082. 0. RESEARCH & DEVELOPMENT THE BRIGHAM AND WOMEN'S HOPITAL INC. - 75 FRANCIS STREET - BOSTON MA 02115 04-2312909 501(C)(3) 128 516. 0. RESEARCH & DEVELOPMENT

Schedule I (Form 990)

INTERNATIONAL AIDS VACCINE

Schedule I (Form 990) INITIATIVE, IN	ic.						13-3870223 Page -
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDED JUIMOUTNON GANGED DEGENOU							
FRED HUTCHINSON CANCER RESEACH CENTER - 1100 FAIRVIEW AVENUE							
NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	125,001.	0.			RESEARCH & DEVELOPMENT
North Dimitili, wi Solos	23 /1300/1	501(0)(5)	125,001.				
GEORGE WASHINGTON UNIVERSITY							
45155 RESEARCH PLACE - STE 160							
ASHBURN, VA 20147	53-0196584	501(C)(3)	117,381.	Ο.			RESEARCH & DEVELOPMENT
THE UNIVERSITY OF TEXAS HEALTH							
SCIENCE CENTER @ SA - 7703 FLOYD							
CURL DRIVE - SAN ANTONIO, TX							
78229-3900	74-1586031	501(C)(3)	71,900.	0.			RESEARCH & DEVELOPMENT
APPLIED BIOMEDICAL SCIENCE							
INSTITUTE - APPLIED BIOMEDICAL							
SCIENCE INSTITUTE - SAN DIEGO, CA							
92127	82-5056708	501(C)(3)	70,933.	0.			RESEARCH & DEVELOPMENT
PATH							
445 MASSACHUSETTS AVENUE NW STE. 10		F01(G)(2)	CA 000	0			
WASHINGTON, DC 20001	91-1157127	501(C)(3)	64,068.	0.			RESEARCH & DEVELOPMENT
MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT STREET							
BOSTON, MA 02114	04-2697983	501(C)(3)	56,963.	0.			RESEARCH & DEVELOPMENT
				- •			
NC STATE TREASURER							
3200 ATLANTIC AVE							
RALEIGH, NC 27604	56-1545517	GOV'T	41,470.	0.			RESEARCH & DEVELOPMENT
UNIVERSITY OF WASHINGTON							
9750 3RD AVE NE, SUITE 400							
SEATTLE, WA 98115	91-6001537	501(C)(3)	32,490.	0.			RESEARCH & DEVELOPMENT

Schedule I (Form 990)

Schedule I (Form 990) 2023 INITIATIVE, INC.

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

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

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

PART I, LINE 2:

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.

13-3870223

Page 2

sc	HEDULE J	Compensation Information		I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	st		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line			2023		)
Dena	rtment of the Treasury	Attach to Form 990.	; 23.		Open to	Publ	ic
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information			Inspe		
Nan	ne of the organization		E		dentificatio	on nu	mber
		INITIATIVE, INC.		13-3	870223		
Pa	rt I Question	s Regarding Compensation					T
				~~		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on	Form 99	90,			
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c		•				
	Travel for com			dence			
		ation and gross-up payments Health or social club dues or initiation		obof)			
		spending account Personal services (such as maid, ch	auneur,	criei)			
Ь	If any of the bayes	on line to are checked, did the presentation follow a written policy regarding powerst	~r				
D		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all direct					
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		
	trustees, and onice				2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organiza	tion's				
•				n to			
			Incation				
	·						
		,	tion cor	mmittee			
		5					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?			4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		х
	<ul> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> </ul>						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsation				
	contingent on the r						
							X
b		ation?			<u>5</u> b		X
		r 5b, describe in Part III.					
6	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsation				
	contingent on the n	5					
							X
b		ation?			<u>6b</u>		X
_		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay			_	v	
~		nes 5 and 6? If "Yes," describe in Part III			7	Х	
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
~		· · · · · · · · · · · · · · · · · · ·			8		X
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section						
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n 990)	) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 INITIATIVE, INC.

13-3870223

Page **2** 

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

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

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

	( <b>B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK B. FEINBERG	(i)	617,215.	59,460.	42,476.	109,168.	1,547.	829,866.	٥.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) ANA CESPEDES MONTOYA	(i)	458,567.	42,520.	30,000.	54,567.	24,701.	610,355.	٥.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LOUIS D. SCHWARTZ	(i)	330,037.	30,549.	30,000.	40,367.	36,153.	467,106.	0.
ASST. SEC. & CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SWATI GUPTA	(i)	317,567.	31,634.	30,000.	40,597.	35,893.	455,691.	0.
VP, HEAD OF EID & EPIDEM.	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAGNA LAUFER	(i)	333,637.	30,551.	30,000.	39,206.	1,942.	435,336.	0.
VP & HEAD OF CLINICAL DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER PARKS - ASSOC.	(i)	305,862.	29,342.	30,000.	37,656.	24,463.	427,323.	0.
AVP. VIRAL VAC. & HEAD OF DDL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SANGEETHA SAGAR	(i)	360,822.	7,875.	7,350.	32,784.	720.	409,551.	0.
VP & HEAD OF PRODUCT DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MIN DING	(i)	276,176.	27,810.	30,000.	35,690.	36,153.	405,829.	0.
GEN. COUNS. & SEC.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIC SKJEVELAND	(i)	285,620.	25,775.	30,000.	34,650.	2,065.	378,110.	0.
VP, BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FRANCES SINHA	(i)	105,000.	0.	0.	0.	0.	105,000.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

INTERNATIONAL AIDS VACCINE

Schedule J (Form 990) 2023 INITIATIVE, INC.

Part III Supplemental Information

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

PART I, LINE 4A:

FRANCES SINHA WAS PAID \$105,000 IN SEVERANCE FOR 2023.

PART I, LINE 7:

BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II).

Schedule J (Form 990) 2023

13-3870223

Page 3

SCHEDULE L		Tra	nsaction	ıs V	Vith	Int	erested	P	ersons			ON	/IB No. <sup>-</sup>	1545-00	47		
(Form 990)			anization ansv	vered	"Yes"	on Fo	orm 990, Part I	IV, li	ine 25a, 25b, 26	, 27, 2	8a,		2	<b>N2</b>	3		
							art V, line 38a Form 990-EZ.		406.			Open to Public					
Department of the Treasury Internal Revenue Service	Go t	o ww	w.irs.gov/Form						information.				spect				
Name of the organization	INTERNATIO	NAL	AIDS VACCIN	VACCINE Employe							ploye	yer identification number					
	INITIATIV											0223					
Part I Excess E	Benefit Trans	actio	ons (section 50	01(c)(3	), secti	ion 50	1(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ons on	ly)					
Complete if	the organization	answ	vered "Yes" on F	Form S	90, Pa	art IV, I	ine 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ine 40	b.					
1 (a) Name of disquali	fied person	<b>(b)</b> R	elationship betw person and or			ified	(0	c) De	escription of tran	sactio	n			Corre es	cted?		
(1)																	
(2)																	
(3)													_				
_(4)													_				
(5)													_				
(6)																	
2 Enter the amount of	•		•	•		•	•	Ũ									
3 Enter the amount of	f tax, if any, on lir	ne 2, a	above, reimburs	ed by	the org	ganiza	tion				\$						
Part II Loans to	and/or From	Inte	prested Pers	one													
						<b>–</b>		-									
	the organization					, Part	v, line 38a, or l	Forn	n 990, Part IV, IIr	ie 26;	or it tr	ie orga	Inizati	on			
	amount on Forn	r			<b>∠.</b> oan to or					(	10	<b>(h)</b> Ap	proved	(3) 14	Iritton		
(a) Name of interested person	(b) Relation with organiz		(c) Purpose of loan	fron	n the	•	e) Original cipal amount	(f) Balance due (g) In default			by bo	ard or	r agroomont?				
F					zation?						1	comm		-	T		
(1)				10	From					Yes	No	Yes	No	Yes	No		
<u>(1)</u> (2)																	
(3)															<u> </u>		
(4)															<u> </u>		
(5)															<u> </u>		
(6)															<u> </u>		
(7)															<u> </u>		
(8)																	
(9)																	
(10)																	
Total							\$										
Part III Grants o	r Assistance	Ben	efiting Inter	ested	d Per	sons											
Complete if	the organization	answ	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 27.										
(a) Name of interes	sted person	(	<b>b)</b> Relationship interested pers the organiza	on an		(	<b>c)</b> Amount of assistance	(d) Type of (e) Purpose of assistance assistance				f					
		+									$\rightarrow$						
<u>(1)</u>		-															
(2)		-															
(3)		+															
(4)		-									_						
(5)																	
(6)											-+						
(7)		+									-+						
(8)		+									-+						
<u>(9)</u> (10)		+									-+						
For Paperwork Reducti	on Act Notice	ee th	e Instructions f	or Fo	rm 990	) or 9º	Ю-EZ.		1		Sche	dule I	(Forr	n 990	) 2023		

INTERNATIONAL AIDS VACCINE

INITIATIVE, INC. 13-3870223 Schedule L (Form 990) 2023 Page 2 Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No (1) DESMOND TUTU HIV FOUNDAT AN IAVI BOARD MEMBE 123,104. IAVI HAS A Х (2) (3) (4) (5)

 (7)
 (8)
 (9)

 (10)
 (10)
 (10)

 Part V
 Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DESMOND TUTU HIV FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AN IAVI BOARD MEMBER IS THE DEPUTY DIRECTOR AND COO OF THE ENTITY.

(C) AMOUNT OF TRANSACTION \$ 123,104.

(6)

(D) DESCRIPTION OF TRANSACTION: IAVI HAS A SUB-AWARD AGREEMENT WITH

DESMOND TUTU INSTITUTE FOR HIV RESEARCH FOUNDATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990) 2023

332132 11-30-23

50 2023.04000 INTERNATIONAL AIDS VACCIN 19485\_1

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	D-EZ OMB No. 1545-0047 <b>2023</b> Open to Public Inspection
Name of the organization	INTERNATIONAL AIDS VACCINE	Employer identification number
	INITIATIVE, INC.	13-3870223
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
PARTNERS OPERATE. T	D DATE, IAVI AND ITS PARTNERS HAVE ADVANCED DOZENS	
OF HIV VACCINE CAND	IDATES INTO EARLY STAGE CLINICAL TRIALS, INCLUDING A	
VACCINE THAT RECENT	LY YIELDED PROMISING RESULTS AND IS PART OF AN	
EXCITING NEW APPROA	CH TO HIV VACCINE DESIGN. OTHER NOTABLE ACHIEVEMENTS	
INCLUDE THE FIRST H	IV VACCINE TRIALS IN SUB-SAHARAN COUNTRIES, WHERE	
HIV BURDEN IS GREAT	EST, AND THE FIRST TRIAL OF AN MRNA HIV VACCINE	
CANDIDATE IN AFRICA	. IAVI HAS CONDUCTED MORE THAN 50 EPIDEMIOLOGICAL	
STUDIES AND PROVIDE	D VOLUNTARY HIV TESTING, COUNSELING SERVICES, AND	
HEALTH CARE REFERRA	LS TO MORE THAN 870,000 INDIVIDUALS IN AFRICA. IAVI	
ALSO SUPPORTS PRECL	INICAL DEVELOPMENT AND CLINICAL TESTING OF VACCINE	
CANDIDATES FOR OTHE	R DISEASES, INCLUDING TUBERCULOSIS, LASSA FEVER,	
MARBURG, EBOLA SUDE	N, AND COVID-19, AS WELL AS ANTIBODY CANDIDATES FOR	
DISEASE PREVENTION	AND TREATMENT. IAVI CONDUCTS TRIALS WITH THE HIGHEST	
SCIENTIFIC AND ETHI	CAL STANDARDS TO PROTECT THE RIGHTS, WELL-BEING, AND	
DIGNITY OF TRIAL VO	LUNTEERS. IAVI HAS ALSO LAUNCHED RESEARCH CONSORTIA	
TO ADDRESS MAJOR SC	IENTIFIC PROBLEMS OF BIOMEDICAL PRODUCT DEVELOPMENT.	
A SIGNIFICANT PORTI	ON OF THE RESEARCH IAVI SUPPORTS IS CONDUCTED IN	
DEVELOPING COUNTRIE	S WHERE THE NEED FOR INFECTIOUS DISEASE PREVENTION	
IS GREATEST. IAVI A	LSO SUPPORTS EXTERNAL RESEARCHERS BY PROVIDING	
TECHNICAL AND SCIEN	TIFIC EXPERTISE TO ACCELERATE THE DEVELOPMENT OF	
THEIR OWN PRODUCTS.		
FORM 990, PART V, L	INE 4B, LIST OF FOREIGN COUNTRIES:	

INDIA, KENYA, SOUTH AFRICA, UNITED KINGDOM

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization INTERNATIONAL AIDS VACCINE	Page Employer identification number
INITIATIVE, INC.	13-3870223
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AUDIT AND FINANCE COMMITTEE REVIEWED AND APPROVED THE FORM 990 IN	
DETAIL WITH THE DEPUTY CFO AND CFAO. 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	
332212 11-14-23 52	Schedule O (Form 990) 202

16420710 745960 19485

<sup>52</sup> 2023.04000 INTERNATIONAL AIDS VACCIN 19485\_\_1

Name of the organization INTERNATIONAL AIDS VACCINE INITIATIVE, INC.	Employer identification number
	15 5676225
COMMITTEE MEETS WITHOUT THE CHAIR.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE OF THE BOARD CAN PERIODICALLY COMMISSION A	
COMPENSATION SURVEY OF THE CEO'S COMPENSATION PACKAGE. WHEN DONE THIS	
SURVEY COMPARES COMPENSATION PACKAGES OF CEOS OF ORGANIZATIONS THAT ARE	
COMPARABLE TO IAVI. THEN THE COMMITTEE REVIEWS THE RESULTS AND MAKES	
RECOMMENDATIONS, 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 MAKES USE OF	
DATA FROM A SPECIALIZED COMPENSATION FIRM 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 DECEMBER 2023. THE COMMITTEE HAD	
NOT REQUESTED A COMPENSATION SURVEY SPECFIC TO CEO PAY THIS YEAR SO	
MANAGEMENT REFERENCED EXTENRAL DATA SOURCES TO DETERMINE THE COMPETITIVE	
LANDSCAPE AND DEVELOP ANNUAL INCREASE RECOMMENDATIONS FOR THE CEO AND OTHER	
KEY PERSONNEL. THE COMMITTEE REVIEWS THE RESULTS AND RECOMMENDATIONS FROM	
THESE SOURCES AND PROVIDES MANAGEMENT WITH SPECIFIC GUIDANCE IN ADDRESSING	
ANY DISPARITIES. USING BENCHMARK JOB CLASSIFICATIONS, IAVI PURCHASES	
EXTERNAL SALARY SURVEY DATA, AND USES THIS DATA 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	

16420710 745960 19485

2023.04000 INTERNATIONAL AIDS VACCIN 19485\_1

<u>Schedule O (Form 990) 20</u> Name of the organization	23 INTERNATIONAL AIDS VACCINE		Page Employer identification number
Name of the organization	INITIATIVE, INC.		13-3870223
THESE VARIOUS MARKE	TS. IN MOST CASES THE LOCAL	LABOR MARKET IS CONSIDERED	
AND FOR CERTAIN POSI	ITIONS, REGIONAL MARKETS MUS	T BE TARGETED. SALARY	
RECOMMENDATIONS AND	EXTERNAL DATA TRENDS MAY BE	REVIEWED WITH THE	
COMPENSATION COMMIT	TEE OF THE BOARD, WHICH GIVE	S MANAGEMENT OVERALL	
GUIDANCE ON COMPENS	ATION DIRECTION. BASED ON R	ECOMMENDATIONS AND GUIDANCE	
OF THE COMPENSATION	COMMITTEE, THE EXECUTIVE OF	FICE AND HUMAN RESOURCES	
COMMUNICATE CHANGES	TO ANY AFFECTED EMPLOYEES.	ANY COMPENSATION CHANGES ARE	
DETERMINED BASED ON	EXTERNAL COMPETIVENESS, REL	ATIVE INTERNAL VALUE,	
INDIVIDUAL PERFORMAN	NCE, TEAM DYNAMIC, AND IAVI'	S ABILITY TO PAY.	
FORM 990, PART VI, I	LINE 17, LIST OF STATES RECE	IVING COPY OF FORM 990:	
AL,AR,CA,FL,GA,HI,II	, KS, KY, MD, MA, MI, MN, MS, NH, NJ	, NM, NY, NC, OR, PA, RI, SC, TN, UT	
VA,WV,WI			
FORM 990, PART VI, S	SECTION C, LINE 19:		
THE ORGANIZATION MAN	KES ITS GOVERNING DOCUMENTS,	CONFLICT OF INTEREST	
POLICY, AND FINANCIA	AL STATEMENTS AVAILABLE ON I	TS WEBSITE.	
FORM 990, PART XI, I	LINE 9, CHANGES IN NET ASSET	S:	
FOREIGN EXCHANGE GA	IN	982,872.	
CURRENCY TRANSLATION	1	-68,744.	
TOTAL TO FORM 990, I	PART XI, LINE 9	914,128.	

332212 11-14-23

SCHEDULE R (Form 990)	a 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.		OMB No. 1545-0047 2023 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization	INTERNATIONAL AIDS VACCINE	Employer id	entification number
	INITIATIVE, INC.	13-387	0223

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	Name, address, and EIN (if applicable) Primary activity Legal domicile (state o		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IAVI LAB, LLC - 26-2031769 125 BROAD STREET, 9TH FL.					
NEW YORK, NY 10004	LAB RESEARCH	DELAWARE	0.	0.	IAVI, INC.
IAVI GLOBAL HEALTH IMPACT, LLC 125 BROAD STREET, 9TH FL.	FACILITATE PRODUCT DEVELOPMENT AND/OR				
NEW YORK, NY 10004	COMMERCIALIZATION	DELAWARE	0.	0.	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	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
STICHTING IAVI							
VAN DIEMENSTRAAT 48, 1013 NH							
AMSTERDAM, NETHERLANDS	RESEARCH SUPPORT	NETHERLANDS	N/A	N/A	IAVI, INC.	х	
IAVI INDIA							
4 FACTORY ROAD, GROUND FLOOR	1						
ANSARI NAGAR WEST, NEW DELHI-110029, INDIA	RESEARCH SUPPORT	INDIA	N/A	N/A	IAVI, INC.	x	
IAVI SOUTH AFRICA NPC (IAVI-SA)							
BLACK RIVER PARK, 2 FIR ST, OBSERVATORY							
CAPETOWN, SOUTH AFRICA	RESEARCH SUPPORT	SOUTH AFRICA	N/A	N/A	IAVI, INC.	х	
IAVI AFRICA LIMITED							
11TH FL, MUTHANGARI DR., PO BOX 340 KNH	7						1
NAIROBI, KENYA	RESEARCH SUPPORT	KENYA	N/A	N/A	IAVI, INC.	x	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 INITIATIVE, INC.

organizations treated as a pa	rtnership during the tax	x year.		-							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General o managin partner?	ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
	-								

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

INTERNATIONAL AIDS VACCINE

Schedule R (Form 990) 2023 INITIATIVE, INC.

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V 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 х 1a **b** Gift, grant, or capital contribution to related organization(s) х 1b c Gift, grant, or capital contribution from related organization(s) х 1c Х d Loans or loan guarantees to or for related organization(s) 1d х e Loans or loan guarantees by related organization(s) 1e Х f Dividends from related organization(s) 1f х Sale of assets to related organization(s) 1g Х h Purchase of assets from related organization(s) 1h х Exchange of assets with related organization(s) 1i i Lease of facilities, equipment, or other assets to related organization(s) Х 1j Х k Lease of facilities, equipment, or other assets from related organization(s) 1k х 11 Performance of services or membership or fundraising solicitations for related organization(s) н х 1m **m** Performance of services or membership or fundraising solicitations by related organization(s) х n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n х o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p х Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) Х 1r х s Other transfer of cash or property from related organization(s) 1s 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. 2

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) STICHTING IAVI	В	3,186,672.	ACTUAL
(2) IAVI-SA	В	2,492,212.	ACTUAL
(3) STICHTING IAVI	с	26,860.	ACTUAL
(4) IAVI AFRICA	В	2,226,160.	ACTUAL
(5) IAVI-INDIA	с	27,232.	ACTUAL
(6)			

13-3870223

Page 3

Schedule R (Form 990) 2023 INITIATIVE, INC.

13-3870223 Page 4

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

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

(a)	(b)	(c)	(d)		e)	(f)	(g)	(	(h)	(i)	(j	()	k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501 org	e) e all ers sec. (c)(3) gs.?	Share of total income	Share of end-of-year assets	alloc	oropor- onate ations?	of Schedule K-1	Gener mana partr	al or ping er? owne	entag ershi
				res	NO			Tes	s NO		res		
	-												
	_												
	_												
	_												
								-	-				
	-												
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Schedule R (Form 990) 2023

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Schedule R	(Form 990) 2023 INITIATIVE, INC.	13-3870223	Page 5
Part VII	(Form 990) 2023 INITIATIVE, INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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