

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____ and ending 1912
▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

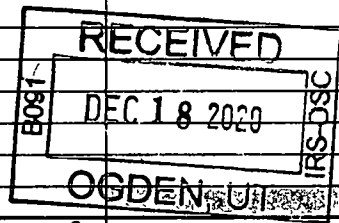
A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <u>03</u> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) INTERNATIONAL AIDS VACCINE INITIATIVE, INC.	D Employer identification number (Employees' trust, see instructions) 13-3870223
		Number, street, and room or suite no. If a P.O. box, see instructions. 125 BROAD STREET, NO. 9TH FL	E Unrelated business activity code (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004	
C Book value of all assets at end of year 74,755,062.	F Group exemption number (See instructions.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **DISALLOWED FRINGE**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **PATRICK MOUTON** Telephone number ▶ **(212) 847-1137**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	0.		



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule) (see instructions)	18
19	Taxes and licenses	19
20	Depreciation (attach Form 4562)	20
21	Less depreciation claimed on Schedule A and elsewhere on return	21a
22	Depletion	22
23	Contributions to deferred compensation plans	23
24	Employee benefit programs	24
25	Excess exempt expenses (Schedule I)	25
26	Excess readership costs (Schedule J)	26
27	Other deductions (attach schedule)	27
28	Total deductions. Add lines 14 through 27	28 0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29 0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30 0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31 0.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.; 33 Amounts paid for disallowed fringes 0.; 34 Charitable contributions (see instructions for limitation rules) 0.; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions); 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000.; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 0.

Part I

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 0.; 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041); 42 Proxy tax. See instructions; 43 Alternative minimum tax (trusts only); 44 Tax on Noncompliant Facility Income. See instructions; 45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part II

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 46b Other credits (see instructions); 46c General business credit. Attach Form 3800; 46d Credit for prior year minimum tax (attach Form 8801 or 8827); 46e Total credits. Add lines 46a through 46d; 47 Subtract line 46e from line 45 0.; 48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule); 49 Total tax. Add lines 47 and 48 (see instructions) 0.; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0.; 51a Payments. A 2018 overpayment credited to 2019 2,277.; 51b 2019 estimated tax payments 25,723.; 51c Tax deposited with Form 8868; 51d Foreign organizations: Tax paid or withheld at source (see instructions); 51e Backup withholding (see instructions); 51f Credit for small employer health insurance premiums (attach Form 8941); 51g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total; 52 Total payments Add lines 51a through 51g 28,000.; 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 28,000.; 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 28,000.

Part III

51a 51b

81729

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 1; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here: Louis P. Shurt Signature of officer Date: 12/10/2020 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Rows include: RICHARD J. LOCASTRO, CPA; Signature: Richard J. Locastro; Date: 07/02/2020; Check self-employed; PTIN: P00288314; Firm's name: GELMAN, ROSENBERG & FREEDMAN; Firm's EIN: 52-1392008; Firm's address: 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930; Phone no.: (301) 951-9090

INTERNATIONAL AIDS VACCINE INITIATIVE, I

13-3870223

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

- INDIA
- KENYA
- SOUTH AFRICA
- UNITED KINGDOM