

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning _____, 2020, and ending _____, 20
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

2020

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS
Taxpayer identification number: 98-0407553

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Amounts are entered in column 2b.

Part II Declaration of Officer or Person Subject to Tax

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Signature of officer or person subject to tax Date DIRECTOR OF FINANCE Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Form section for ERO's Use Only. Includes fields for ERO's signature, Date (11/13/2021), Firm's name (ERNST & YOUNG U.S. LLP), address (99 WOOD AVENUE SOUTH ISELIN NJ 08830), EIN (34-6565596), and Phone no. (732-516-4200).

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form section for Paid Preparer Use Only. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, and Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form 8453-EO (2020)

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS Doing business as FIND Number and street (or P.O. box if mail is not delivered to street address) Room/suite CHEMIN DES MINES 9 City or town, state or province, country, and ZIP or foreign postal code GENEVA SWITZERLAND 1202				D Employer identification number 98-0407553	
	F Name and address of principal officer: LOUISA CHAUBERT CHEMIN DES MINES 9 GENEVA SZ 1202				E Telephone number (000) 000-0000	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 98,212,578.	
	J Website: ▶ WWW.FINDDX.ORG				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 2003 M State of legal domicile: SZ		
(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE DEVELOPMENT AND IMPLEMENTATION OF NEW, LOW COST DIAGNOSTICS FOR INFECTIOUS DISEASES FOR USE IN LOW-RESOURCE AREAS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	142.
	6	Total number of volunteers (estimate if necessary)	6	4.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	55,842,142.	97,561,319.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,122.	189,810.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	585,117.	461,449.
	12		56,741,381.	98,212,578.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,509,593.	47,562,253.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,083,872.	14,824,765.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,673,017.	28,737,822.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,266,482.	91,124,840.
19	Revenue less expenses. Subtract line 18 from line 12	474,899.	7,087,738.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	50,956,898.	107,298,970.
	22	Net assets or fund balances. Subtract line 21 from line 20	45,058,424.	94,312,758.
22		5,898,474.	12,986,212.	

Part II Signature Block

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

Sign Here	Signature of officer LOUISA CHAUBERT Type or print name and title	Date DIRECTOR OF FINANCE
	Print/Type preparer's name MICHAEL R SALES	

Paid Preparer Use Only	Preparer's signature 	Date 11/13/2021	Check <input type="checkbox"/> if self-employed	PTIN P01770943
	Firm's name ▶ ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 99 WOOD AVENUE SOUTH ISELIN, NJ 08830		Phone no. 732-516-4200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 33,608,830. including grants of \$ 23,793,973.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 10,920,188. including grants of \$ 6,753,938.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 9,239,975. including grants of \$ 5,098,221.) (Revenue \$ 0.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.)

(Expenses \$ 30,987,959. including grants of \$ 11,916,121.) (Revenue \$ 0.)

4e Total program service expenses ▶ 84,756,952.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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 negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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 "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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. 142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ATTACHMENT 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No boxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for line number, description, and Yes/No boxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its 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.
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHARINA BOEHME CHIEF EXECUTIVE OFFICER	40.00 0.			X			404,938.	0.	70,142.	
(2) RANGARAJAN SAMPATH CHIEF SCIENTIFIC OFFICER	40.00 0.			X			322,260.	0.	82,621.	
(3) SERGIO CARMONA CHIEF ACCESS OFFICER	40.00 0.			X			260,711.	0.	60,121.	
(4) LOUISA CHAUBERT DIRECTOR OF FINANCE	40.00 0.			X			246,180.	0.	54,489.	
(5) SHARON SAACKS DIRECTOR OF OPERATIONS	40.00 0.			X			211,938.	0.	54,539.	
(6) MORTEN RUHWALD HEAD OF TUBERCULOSIS	40.00 0.				X		201,179.	0.	49,981.	
(7) CASSANDRA KELLY DIR. OF EMERGING THREAT	40.00 0.				X		198,078.	0.	46,340.	
(8) ANITA SURESH HEAD OF SEQUENCING	40.00 0.					X	198,377.	0.	42,201.	
(9) STEFANO ONGARELLO HEAD OF DATA SRVC. & BIOBANK	40.00 0.				X		196,330.	0.	40,343.	
(10) SYLVAIN BIELER SENIOR PROJECT MANAGER	40.00 0.					X	196,499.	0.	32,460.	
(11) SABINE DITTRICH HEAD OF MALARIA & FEVER	40.00 0.				X		184,762.	0.	39,338.	
(12) BEATRICE MOUTON HEAD OF HUMAN RESOURCES	40.00 0.				X		187,232.	0.	33,989.	
(13) ELENA IVANOVA TECH. INNOVATION LEAD	40.00 0.					X	187,255.	0.	27,256.	
(14) SARAH-JANE LOVEDAY HEAD OF COMMUNICATIONS	40.00 0.				X		174,753.	0.	38,205.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PAMELA NABETA ----- SENIOR MANAGER QUAL/MED AFFAIR	40.00 0.					X		181,103.	0.	29,458.
(16) JOSEPH NDUNG'U ----- HEAD NTD PROGRAM & FIND KENYA	40.00 0.				X			158,722.	0.	45,062.
(17) SONJELLE SHILTON ----- HEPATITIS LEAD	40.00 0.					X		173,281.	0.	26,080.
(18) HIEDI ALBERT ----- HEAD OF SOUTH AFRICA FIND	40.00 0.				X			181,866.	0.	1,270.
(19) JON BASTOW ----- DIR. OF BUSINESS DEV. & RESOUR	40.00 0.			X				83,490.	0.	3,727.
(20) ZACHARY BENJAMIN KATZ ----- CHIEF ACCESS OFFICER	40.00 0.			X				63,716.	0.	13,303.
(21) MARK KESSEL ----- CHAIRMAN OF THE BOARD	1.00 0.	X						0.	0.	0.
(22) DANIEL ROBERT CAMUS ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) ANDREW JOHN JACK ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) IONA KICKBUSH ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) CARLOS MOREL MEDICIS ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								4,012,670.	0.	790,925.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,012,670.	0.	790,925.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 65

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 131

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARCEL TANNER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(27) SHEILA TLOU ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(28) MICHAEL WATSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(29) DAVID HEYMANN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(30) GAO FU ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(31) KAMINENI SHOBANA ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 65

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	65,129,908.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	32,431,411.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f			97,561,319.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			189,810.		189,810.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			b	Less: cost or other basis and sales expenses . .	7b			
	c	Gain or (loss)	7c					
	d	Net gain or (loss)			0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			0.			
			8a		0.			
b			Less: direct expenses	8b		0.		
c	Net income or (loss) from fundraising events.			0.				
9a	Gross income from gaming activities. See Part IV, line 19			0.				
		9a		0.				
		b	Less: direct expenses	9b		0.		
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances			0.				
		10a		0.				
		b	Less: cost of goods sold	10b		0.		
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a	COMMISSION ON TAX DEDUCTION	Business Code	900099	20,775.		20,775.	
	b	OTHER INCOME	Business Code	900099	440,674.		440,674.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			461,449.			
12	Total revenue. See instructions			98,212,578.			651,259.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,115,923.	5,115,923.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42,446,330.	42,446,330.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,057,867.	2,279,090.	778,777.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	9,189,453.	7,716,386.	1,473,067.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,067,779.	828,435.	239,344.	
9 Other employee benefits	485,934.	359,438.	126,496.	
10 Payroll taxes	1,023,732.	835,834.	187,898.	
11 Fees for services (nonemployees):				
a Management	213,648.	84,624.	129,024.	
b Legal	170,057.	45,670.	124,387.	
c Accounting	272,978.	120,665.	152,313.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,318.	2,165.	106,153.	
12 Advertising and promotion	0.			
13 Office expenses	1,100,923.	1,052,916.	48,007.	
14 Information technology	1,122,963.	731,208.	391,755.	
15 Royalties	0.			
16 Occupancy	996,846.	125,643.	871,203.	
17 Travel	747,314.	663,928.	83,386.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	128,095.	104,009.	24,086.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	20,944.		20,944.	
23 Insurance	51,265.	937.	50,328.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT CONTRACTORS	15,373,041.	14,422,759.	950,282.	
b EQUIPMENT & SUPPLIES	7,772,381.	7,722,636.	49,745.	
c PRINTING & PUBLICATIONS	143,044.	98,356.	44,688.	
d BANK & SIMILAR CHARGES	516,005.		516,005.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	91,124,840.	84,756,952.	6,367,888.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,054.	1	846.
	2 Savings and temporary cash investments.	40,869,754.	2	89,676,764.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	2,226,115.	4	3,199,569.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	7,573,565.	9	14,136,618.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 74,781.		
	b Less: accumulated depreciation.	10b 47,396.		
		46,645.	10c	27,385.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	238,765.	15	257,788.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,956,898.	16	107,298,970.	
Liabilities	17 Accounts payable and accrued expenses.	7,559,213.	17	12,358,346.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	37,499,211.	19	81,954,412.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	45,058,424.	26	94,312,758.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	5,433,218.	27	7,724,169.
	28 Net assets with donor restrictions.	465,256.	28	5,262,043.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	5,898,474.	32	12,986,212.
33 Total liabilities and net assets/fund balances.	50,956,898.	33	107,298,970.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,212,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,124,840.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,087,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,898,474.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,986,212.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,235,693.	48,242,841.	59,513,727.	55,842,142.	97,561,319.	294,395,722.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	33,235,693.	48,242,841.	59,513,727.	55,842,142.	97,561,319.	294,395,722.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						79,359,175.
6 Public support. Subtract line 5 from line 4						215,036,547.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	33,235,693.	48,242,841.	59,513,727.	55,842,142.	97,561,319.	294,395,722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	307,354.	96,253.	340,946.	314,122.	189,810.	1,248,485.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	330,960.	315,314.	447,040.	585,117.	461,449.	2,139,880.
11 Total support. Add lines 7 through 10						297,784,087.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	72.21 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	63.90 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities.</i>			
b Did the activities described in 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? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	330,960.	315,314.	447,040.	585,117.	461,449.	2,139,880.
TOTALS	<u>330,960.</u>	<u>315,314.</u>	<u>447,040.</u>	<u>585,117.</u>	<u>461,449.</u>	<u>2,139,880.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable 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.

General Rule

- 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 or 990-EZ), 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.
- 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number
98-0407553**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF INTERNATIONAL DEVELOPMENT ABERCROMBIE HOUSE EAST KILBRIDE UNITED KINGDOM G75 8EA	\$ 40,085,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITAID GLOBAL HEALTH CAMP. 40 CHEMIN DU POMMIER GRAND SACCONNEX SWITZERLAND CH-1218	\$ 11,837,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF HEALTH AND SOCIAL CAUSE 39 VICTORIA STREET LONDON UNITED KINGDOM SW1H 0EU	\$ 7,017,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE GLOBAL FUND TO FIGHT AIDS, TB GLOBAL HEALTH CAMP. CHEMIN DU POMMIER 40 GRAND SACCONNEX SWITZERLAND CH-1218	\$ 6,714,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98012	\$ 6,265,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PERMANENT MISSION OF KUWAIT 2 AVENUE DE L'ARIANA GENEVA SWITZERLAND 1202	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number
98-0407553**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE WORLD HEALTH ORGANIZATION AVNUE APPIA 20 GENEVA SWITZERLAND 1211	\$ 3,493,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FEDERAL MINISTRY OF EDUCATION & RESEARCH HEINEMANNSTRAÙE 2 BONN GERMANY 53175	\$ 2,348,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GLOBAL HEALTH INNOVATIVE TECHNOLOGY FUND ARK HILLS SENGOKUYAMA MORI TOWER 25F ROPPONGI MINATO KU TOKYO JAPAN 106-0032	\$ 2,258,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DUTCH MINISTRY OF FOREIGN AFFAIRS (DGIS) SOCIAL DEVELOPMENT DEPT, HEALTH & AIDS PB EB THE HAGUE NETHERLANDS 2500	\$ 2,245,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SWISS AGENCY OF DEVEL. & COOPERATION FREIBURGSTRASSE, 130 BERN SWITZERLAND 3003	\$ 2,210,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	AUSTRALIAN DEPARTMENT OF FOREIGN AFFAIRS R. G. CASEY BUILDING, JOHN MCEWAN CRES CANBERRA ACT AUSTRALIA 0211	\$ 2,106,347.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS**

Employer identification number

98-0407553

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS**

Employer identification number
98-0407553

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Row 1: Total revenue... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Row 1: Total expenses and losses per audited financial statements... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	2.	3.	PROGRAM SERVICES	SEE PART V	9,969,762.
(2) SOUTH ASIA	1.	86.	PROGRAM SERVICES	SEE PART V	10,651,718.
(3) EAST ASIA AND THE PACIFIC	1.	3.	PROGRAM SERVICES	SEE PART V	5,090,270.
(4) EUROPE	1.	79.	PROGRAM SERVICES	SEE PART V	50,497,238.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	1,074,061.
(6) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	SEE PART V	2,891.
(7) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	SEE PART V	671,384.
(8) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	113,883.
(9) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	1,660,279.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	5.	171.			79,731,486.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	5.	171.			79,731,486.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	DIAGNOSTICS	2,005,563.	ELEC FD TRAN		N/A	N/A
(2)			EAST ASIA/PACIFIC	DIAGNOSTICS	3,237,936.	ELEC FD TRAN		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	DIAGNOSTICS	26,903,697.	ELEC FD TRAN		N/A	N/A
(4)			NORTH AMERICA	DIAGNOSTICS	1,506,939.	ELEC FD TRAN		N/A	N/A
(5)			SOUTH AMERICA	DIAGNOSTICS	921,848.	ELEC FD TRAN		N/A	N/A
(6)			SUB-SAHARAN AFRICA	DIAGNOSTICS	7,870,347.	ELEC FD TRAN		N/A	N/A
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . **▶** 113.

3 Enter total number of other organizations or entities **▶** 192.

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

CONTRACTS ARE GIVEN FOR RESEARCH AND DEVELOPMENT OF NEW TOOLS FOR THE DIAGNOSIS OF INFECTIOUS DISEASES. EXCEPT FOR THE INITIAL ADVANCE PAYMENTS, PAYMENTS ARE CONDITIONAL UPON ACHIEVEMENT OF MILESTONES OR DELIVERABLES THROUGH THE PERIOD OF THE CONTRACT AS EVIDENCED IN CONTRACTUALLY SPECIFIED REPORTS. IN ADDITION TO THE REGULAR REPORTS, PROGRAM MANAGERS MONITOR PROGRESS WITH REGULAR COMMUNICATIONS AND PHYSICAL AND VIRTUAL SITE VISITS. FINALLY, MOST MAJOR GRANTS ARE SUBJECT TO ANNUAL DONOR AUDITS WHICH ARE IN ADDITION TO THE STATUTORY AUDIT.

SCHEDULE F, PART I, LINE 3, COLUMN E: PROGRAM SERVICE DESCRIPTION

IN EACH REGION, FIND CONDUCTED THE FOLLOWING PROGRAM SERVICES: LABORATORY STRENGTHENING EVALUATION WORK.

SCHEDULE F, PART I, LINE 3, COLUMN F

ALL EXPENDITURES ARE REPORTED UNDER THE ACCRUAL ACCOUNTING METHOD.

SCHEDULE F, PART II, LINE 2:

DUE TO THE HIGH VOLUME OF ORGANIZATIONS THAT WERE PROVIDED ASSISTANCE FROM FIND DURING 2020, IT WOULD BE DIFFICULT FOR FIND TO LIST EACH ORGANIZATION AND GRANT AMOUNT INDIVIDUALLY ON SCHEDULE F, PART II. THEREFORE, FIND HAS LISTED THE TOTAL AMOUNT OF ASSISTANCE PROVIDED FOR EACH REGION IN 2020.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLORADO STATE UNIVERSITY, US 711 OVAL DRIVE FORT COLLINS, CO 80523-2002	84-6000545	501 C (3)	31,530.		N/A	N/A	PRODUCTION OF LAM AND MTB
(2) DIAGNOSTIC CONSULTING NETWORK INC 6354 CORTE DEL ABERTO CARLSBAD, CA 92011			2,583,053.		N/A	N/A	DEVELOPMENT OF DIAGNOSTIC TESTS
(3) DIMAGI INC. 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139			243,082.		N/A	N/A	BUILD MOBILE APP
(4) DIABETES TECHNOLOGY SOCIETY (DTS) 845 MALCOM ROAD BURLINGAME, CA 94010	30-0012730	501(C)(3)	20,250.		N/A	N/A	CONSOLIDATION OF PUBLICATIONS
(5) DRUGS & DIAGNOSTICS FOR TROPICAL DISEASES 4898 RONSON CT SAN DIEGO, CA 92111	27-4482027	501 C (3)	279,900.		N/A	N/A	DEVELOPMENT OF DIAGNOSTIC TESTS
(6) EXPONENT 1075 WORCESTER STREET NATICK, MA 01760			70,000.		N/A	N/A	TECHNICAL DOSSIER REVIEW
(7) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 22105-1832	52-0595110	501 C (3)	57,899.		N/A	N/A	FIND AFI STUDY
(8) LLAMASOFT INC 201 S. DIVISION ST ANN ARBOR, MI 48104-2259			157,400.		N/A	N/A	OPTIMIZATION OF DIAGNOSTIC NETWORK
(9) MMU 201 S. DIVISION ANN ARBOR, MI 48104			16,228.		N/A	N/A	ASSESSMENT OF MOLECULAR ID ASSAY
(10) MESO SCALE DIAGNOSTICS LLC 1601 RESEARCH BOULEVARD ROCKVILLE, MD 20850			6,250.		N/A	N/A	TO DEVELOP ASSAYS
(11) MRIGLOBAL 425 VOLKER BLVD KANSAS CITY, MO 64110-2241	44-0545878	501(C)(3)	25,224.		N/A	N/A	LAB TESTING & SYSTEM ASSISTANCE
(12) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON RD PISCATAWAY, NJ 08854-5602	22-6001086	501 C (3)	102,300.		N/A	N/A	TB DIAGNOSTICS

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SACHIN SILVA 24 PEABODY TERRACE, APT 1401			37,720.		N/A	N/A	ANALYSIS OF DIAGNOSTICS
(2) SCANWELL HEALTH 800 WILSHIRE BLVD LOS ANGELES, CA 90017			240,268.		N/A	N/A	TO BUILD A MOBILE APP
(3) SERIMMUNE INC 150 CASTILIAN DRIVE GOLETA, CA 93117			6,000.		N/A	N/A	OBTAIN MATERIAL FOR RESEARCH
(4) THE BROAD INSTITUTE INC. 415 MAIN STREET CAMBRIDGE, MA 02142			77,500.		N/A	N/A	DEVELOPMENT OF DIAG TESTS FOR TB
(5) THE CENTER FOR AFFORDABLE HEALTH 4938 HAMPDEN LN, #186 BETHESDA, MD 20814			139,872.		N/A	N/A	PROVIDE MATERIAL FOR PUBLICATION
(6) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92063-0602	94-3067788	501 C (3)	283,592.		N/A	N/A	CONSULTING SERVICES
(7) TREATMENT ACTION GROUP 90 BROAD ST, SUITE 2503 NEW YORK, NY 10004	13-3624785	501 C (3)	27,951.		N/A	N/A	DEVELOPEMENT OF DIAGNOSTICS
(8) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE, BOX 359472	91-6001537	501 C (3)	21,706.		N/A	N/A	ASSESS HCV SELF TESTING
(9) VITALANT DBA VITALANT RESEARCH INSTITUTE 270 MASONIC AVE	86-0098929	501 C (3)	260,658.		N/A	N/A	ZIKA VIRUS DIAGNOSTICS
(10) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501 C (3)	47,808.		N/A	N/A	TEST SARS-COV2 IMMUNOASSAYS
(11) ZEPTOMETRIX 872 MAIN STREET BUFFALO, NY 14202			39,067.		N/A	N/A	STORAGE OF SPECIMEN SAMPLES
(12) BIOMEDICAL RESEARCH INSTITUTE 9410 KEY WEST AVENUE ROCKVILLE, MD 20850	36-2229561	501(C)(3)	14,556.		N/A	N/A	RESEARCH MATERIALS

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOSTON CHILDREN'S HOSPITAL 300 LONGOOD AVE BOSTON, MA 02215	04-2774441	501(C)(3)	32,578.		N/A	N/A	SPONSORED RESEARCH
(2) BOSTON UNIVERSITY 25 BUICK ST, 2ND FL BOSTON, MA 02215	04-2103547	501(C)(3)	12,450.		N/A	N/A	ANALYZE HCV RNA
(3) BROADREACH CONSULTING LLC 2000 M ST NW WASHINGTON, DC 20036			65,258.		N/A	N/A	COVID-19 SCREENING AND TESTING
(4) CHAI -CLINTON HEALTH ACCESS INITIATION INC 383 DORCHESTER AVE BOSTON, MA 02127	27-1414646	501(C)(3)	180,741.		N/A	N/A	TO SUPPORT TB ELIMINATION EFFORTS
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15.

3 Enter total number of other organizations listed in the line 1 table 14.

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

Schedule I (Form 990) 2020

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

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

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

CONTRACTS ARE GIVEN FOR RESEARCH AND DEVELOPMENT OF NEW TOOLS FOR THE DIAGNOSIS OF INFECTIOUS DISEASES. EXCEPT FOR THE INITIAL ADVANCE PAYMENTS, PAYMENTS ARE CONDITIONAL UPON ACHIEVEMENT OF MILESTONES OR DELIVERABLES THROUGH THE PERIOD OF THE CONTRACT AS EVIDENCED IN CONTRACTUALLY SPECIFIED REPORTS. IN ADDITION TO THE REGULAR REPORTS, PROGRAM MANAGERS MONITOR PROGRESS WITH REGULAR COMMUNICATIONS AND SITE VISITS. FINALLY, MOST MAJOR GRANTS ARE SUBJECT TO ANNUAL DONOR AUDITS WHICH ARE IN ADDITION TO THE STATUTORY AUDIT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CATHARINA BOEHME CHIEF EXECUTIVE OFFICER	(i)	352,251.	52,687.	0.	62,505.	7,637.	475,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RANGARAJAN SAMPATH CHIEF SCIENTIFIC OFFICER	(i)	303,820.	18,440.	0.	64,292.	18,329.	404,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SHARON SAACKS DIRECTOR OF OPERATIONS	(i)	203,603.	8,335.	0.	44,058.	10,481.	266,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LOUISA CHAUBERT DIRECTOR OF FINANCE	(i)	228,846.	17,334.	0.	48,125.	6,364.	300,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CASSANDRA KELLY DIR. OF EMERGING THREAT	(i)	184,316.	13,762.	0.	36,612.	9,728.	244,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SERGIO CARMONA CHIEF ACCESS OFFICER	(i)	253,946.	6,765.	0.	53,757.	6,364.	320,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 BEATRICE MOUTON HEAD OF HUMAN RESOURCES	(i)	177,664.	9,568.	0.	33,989.	0.	221,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOSEPH NDUNG'U HEAD NTD PROGRAM & FIND KENYA	(i)	158,722.	0.	0.	34,871.	10,191.	203,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 STEFANO ONGARELLO HEAD OF DATA SRVC. & BIOBANK	(i)	185,803.	10,527.	0.	31,112.	9,231.	236,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MORTEN RUHWALD HEAD OF TUBERCULOSIS	(i)	196,701.	4,478.	0.	40,476.	9,505.	251,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SABINE DITTRICH HEAD OF MALARIA & FEVER	(i)	177,649.	7,113.	0.	30,391.	8,947.	224,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SARAH-JANE LOVEDAY HEAD OF COMMUNICATIONS	(i)	164,879.	9,874.	0.	29,484.	8,721.	212,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 HIEDI ALBERT HEAD OF SOUTH AFRICA FIND	(i)	181,866.	0.	0.	1,270.	0.	183,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ANITA SURESH HEAD OF SEQUENCING	(i)	183,888.	14,489.	0.	32,726.	9,475.	240,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 SYLVAIN BIELER SENIOR PROJECT MANAGER	(i)	196,499.	0.	0.	32,460.	0.	228,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ELENA IVANOVA TECH. INNOVATION LEAD	(i)	173,978.	13,277.	0.	27,256.	0.	214,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAMELA NABETA SENIOR MANAGER QUAL/MED AFFAIR	(i)	174,580.	6,523.	0.	29,458.	0.	210,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SONJELLE SHILTON HEPATITIS LEAD	(i)	164,746.	8,535.	0.	26,080.	0.	199,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENT

JON BASTOW RECEIVED TERMINATION BENEFITS DURING 2020 IN THE AMOUNT OF

\$18,286.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

98-0407553

FORM 990, BOX E:

THE ORGANIZATION'S TELEPHONE NUMBER IS +41 (22) 710 05 90.

FORM 990, PART III, LINE 2:

NEW PROGRAM SERVICES

IN RESPONSE TO THE COVID-19 PANDEMIC, FIND HAS RESPONDED WITH A NEW
PROGRAM STREAM, COVID-19 AND PANDEMIC PREPAREDNESS. THE DETAILS OF THE
PROGRAM ARE DESCRIBED IN PART III LINE 4.

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES

PROGRAM SERVICES FOR ACCESS, FEVER & MALARIA, HCV & HIV, AND NEGLECTED
TROPICAL DISEASES. A SUMMARY OF EACH PROGRAM IS GIVEN BELOW.

PROGRAM - ACCESS: EXPENSES - \$15,437,143 INCLUDING GRANTS \$3,183,085
PROGRAM SCOPE IS BROAD WITH MULTIPLE FOCUS AREAS THAT WILL ULTIMATELY
ENABLE ACCESS TO TESTING. FOR INDIA, 2020 INCLUDED COVID-19 RESPONSE WORK
(TESTING, SEQUENCING, REAGENT DEVELOPMENT). WITH TRADITIONAL TB PROGRAMS
AT RISK, WE WORKED TO STRENGTHEN BI-DIRECTIONAL SCREENING. DESPITE COVID,
TB LAB WORK CONTINUED - KARNATAKA BECAME INDIA'S FIRST STATE WHERE ALL
THREE INTERMEDIATE REFERENCE LABORATORIES ACHIEVED ISO ACCREDITATION. EQA
METHODS WERE ESTABLISHED IN >1,100 SITES, AND QUALITY TB CARE SERVICES
EXTENDED TO PRIVATE SECTOR PATIENTS (~190,000 PATIENTS NOTIFIED >82%
SUCCESSFUL TREATMENT OUTCOMES REPORTED IN A 3-MONTH PERIOD).

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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WE ALSO CONTINUED TO WORK ON MICRO-ELIMINATION OF HCV IN PRISONS AND HAD TWO COMMUNITY-BASED DELIVERY MODEL PROJECTS RUNNING IN INDIA. THESE PROJECTS (ANOTHER IS IN SENEGAL) TARGET TB AND DIABETES AS A LEADING CO-MORBIDITY FACTOR FOR TB PATIENTS, CATER TO RURAL COMMUNITIES AND LEVERAGE EXISTING NETWORKS, SUCH AS WOMEN-LED COMMUNITY GROUPS. DIAGNOSTIC NETWORK OPTIMIZATION (DNO) WAS CARRIED OUT IN CENTRAL AFRICAN REPUBLIC, THE GAMBIA, INDIA, AND RWANDA. DNO ANALYSIS THAT MATCHES TESTING DEMAND WITH TESTING CAPACITY INCREASES ACCESS, IMPROVES EFFICIENCY, AND DEVELOPS ROUTING FOR SPECIMEN REFERRAL NETWORKS. THIS PROJECT WAS ADAPTED TO RESPOND TO COVID-19 TESTING DEMANDS.

PROGRAM - FEVER & MALARIA: EXPENSES - \$4,052,356 INCLUDING GRANTS OF \$2,098,277

THE WORK FOR MALARIA TARGETS TOOLS TO MEET ONE OF THE FEW REMAINING DIAGNOSTIC GAPS IN MALARIA, SPECIFICALLY ROBUST TOOLS TO USE IN P. VIVAX MALARIA ELIMINATION. FOR FEVER, OUR PRIMARY FOCUS IS TOOLS FOR DIFFERENTIAL DIAGNOSIS OF PATIENTS WHO PRESENT WITH FEVER AT THE PRIMARY HEALTHCARE LEVEL WHERE STUDIES HAVE CONFIRMED ~90% OF PATIENTS WITH A NEGATIVE MALARIA TEST RECEIVED ANTIBIOTICS, FUELING ANTI-MICROBIAL RESISTANCE.

PROGRAM - HCV AND HIV: EXPENSES - \$6,442,490 INCLUDING GRANTS OF \$3,679,160

THE WORK WAS FOR HCV ONLY, AND BULK OF 2020 WORK WAS ON 1) SAMPLING

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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METHODS THAT ELIMINATE COLD CHAIN NEEDS, CRITICAL FOR INCREASING ACCESS TO TESTING AT LOWER LEVELS OF THE HEALTHCARE SYSTEM; IT ALSO ALLOWS FOR INTEGRATION INTO EXISTING HIV DBS SYSTEMS; AND 2) EVALUATION OF SELF-TESTING THAT INCLUDES USING PORTABLE MOLECULAR DIAGNOSTICS SHOWN THAT THIS APPROACH CAN HELP OVERCOME APATHY TOWARDS TESTING AND MITIGATE BARRIERS TO CLINIC BASED TESTING.

PROGRAM - NTDS: EXPENSES - \$5,055,970 INCLUDING GRANTS OF \$2,955,599 FIND WORKS ON FIVE DIFFERENT NTDS: CHAGAS DISEASE, BURULI ULCER, SLEEPING SICKNESS, VISCERAL LEISHMANIASIS AND SCHISTOSOMIASIS. WORK IN EACH OF THESE DISEASE AREAS IS SHAPED TO ADDRESS PRIMARY GAPS IN ELIMINATION STRATEGIES, FOR EXAMPLE FOR HAT, IN 2020 WE STARTED SHAPING OUR ONGOING R&D AND LARGE-SCALE COUNTRY PROJECTS TO BE IN LINE WITH CHANGING ELIMINATION STRATEGIES AND SUPPLY CHALLENGES (WHICH IS A COMMON PROBLEM FOR TESTS FOR NTDS).

FORM 990, PART V, LINE 2A AND PART VII, SECTION A INDIVIDUALS EMPLOYED BY THE FIND ARE NOT U.S. RESIDENTS OR U.S. EMPLOYEES. INFORMATION PERTAINING TO THE NUMBER OF EMPLOYEES AND EMPLOYEE COMPENSATION IS PROVIDED USING THE BEST INFORMATION AVAILABLE FROM EQUIVALENT W-2 AND W-3 FORMS FOR THE VARIOUS COUNTRIES IN WHICH THE FIND EMPLOYS INDIVIDUALS.

FORM 990, PART VI, LINE 11B:
FORM 990 REVIEW PROCESS
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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BY THE DIRECTOR OF FINANCE. ONCE APPROVED BY THE DIRECTOR OF FINANCE, THE FORM 990 IS ALSO REVIEWED BY THE CEO. ADDITIONALLY, IN 2019 FIND PARTICIPATED IN A BENCHMARKING EXERCISE WITH PEER ORGANIZATION TO ENSURE CONSISTENCY OF TREATMENT OF VARIOUS ITEMS ON FORM 990.

FORM 990, PART VI, LINE 12C:

FIND'S CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES, ALL OTHER STAFF MEMBERS, BOARD MEMBERS CONSULTANTS AND PARTNERS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WHEN THEY ARISE. THE PERSON OR COMPANY IS ALSO REQUIRED TO RECUSE THEMSELVES FROM ANY DECISION MAKING.

FORM 990, PART VI, LINES 15A & 15B:

COMPENSATION REVIEW AND APPROVAL PROCESS

A REVIEW BY AN INDEPENDENT CONSULTANT OF THE CEO'S REMUNERATION PACKAGE WAS DONE BY THE BOARD AND FORMS THE BASIS OF WRITTEN EMPLOYMENT CONTRACT.

REMUNERATION TERMS FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON MARKET RATES FOR SIMILAR POSITIONS IN SPECIFIC LOCATIONS. THIS BENCHMARKING IS DONE AGAINST AN INDEPENDENT REPORT WHICH PRESENTS DATA COLLECTED FOR SIMILAR ORGANIZATIONS AND THIS EXERCISE IS DONE EVERY 3 YEARS. SALARIES FOR ALL STAFF ARE AVAILABLE TO THE BOARD AND COMPENSATION COMMITTEE. HOWEVER, THE SALARIES OF THE C-SUITE AND OTHER KEY STAFF ARE APPROVED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINES 19:

AVAILABILITY OF GOVERNING DOCUMENTS TO THE PUBLIC

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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FIND'S GOVERNING DOCUMENTS (STATUTES AND BY-LAWS) CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION AT FIND'S OFFICES IN GENEVA UPON REQUEST.

FORM 990, PART VI, LINE 20:

BOOKS IN CARE OF PHONE NUMBER

THE TELEPHONE NUMBER OF THE PERSON WHO POSSESSES THE BOOKS AND RECORDS

IS: +41 (22) 710 05 90.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FIND IS AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT ENABLES THE DEVELOPMENT AND DELIVERY OF MUCH-NEEDED DIAGNOSTIC TESTS FOR POVERTY-RELATED DISEASES. FIND ACTS AS A BRIDGE BETWEEN EXPERTS IN TECHNOLOGY DEVELOPMENT, POLICY AND CLINICAL CARE, REDUCING BARRIERS TO INNOVATION AND EFFECTIVE IMPLEMENTATION OF DIAGNOSTIC SOLUTIONS IN LOW-AND-MIDDLE-INCOME COUNTRIES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COVID-19: FIND IS CO-CONVENING THE DIAGNOSTICS ARM OF THE ACT ACCELERATOR - A GLOBAL COLLABORATION TO ACCELERATE ACCESS TO COVID-19 TESTS, TREATMENTS, AND VACCINES FOR LOW MIDDLE INCOME COUNTRIES (LMICS) - WITH THE GLOBAL FUND. THE AIM IS TO ENSURE THAT EVERYONE WHO NEEDS A TEST CAN GET ONE. FIND-SPECIFIC COVID-19 ACTIVITIES AND OUTPUTS FOR 2020 INCLUDED: I) COMPARATIVE EVALUATION STUDIES OF NEW PRODUCTS THAT PROVIDED SUPPLIER-INDEPENDENT, STANDARDIZED DATA ON 80 SARS-COV-2

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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ATTACHMENT 2 (CONT'D)

DIAGNOSTICS. THIS DATA IS PUBLICLY AVAILABLE, ENABLING END-USERS TO MAKE DATA-DRIVEN DECISIONS; II) R&D AND MANUFACTURING SCALE-UP PROJECTS FOR ANTIGEN-BASED RAPID DIAGNOSTICS TESTS (AG RDTs), RESULTED IN VOLUME AND PRICE COMMITMENTS FOR OPTIMIZED TESTS (MORE ROBUST, NASAL, OR ORAL SAMPLES), WITH MANUFACTURING IN INDIA AND SOUTH AFRICA, AND SUPPORT TO A SOCIAL ENTERPRISE MODEL FOR EXPANDED MANUFACTURING IN SENEGAL AND PAKISTAN; III) BUILDING CAPACITY FOR COVID-19 DIAGNOSIS THROUGH TRAINING AND ENABLING HEALTHCARE WORKERS TO OBTAIN THE MOST UP-TO-DATE INFORMATION ON COVID-19 TESTING, WITH ~25,000 LEARNERS ENROLLED IN PUBLIC AND PRIVATE COURSES IN >190 COUNTRIES; AND IV) A SIGNIFICANT PROJECT TO ADDRESS BOTTLENECKS IN REAGENT SUPPLY FOR ASSAY DEVELOPMENT, BY SUPPORTING ANTIGEN PRODUCTION IN PLANT MODELS, WHERE 40% OF ALL PROTEINS ARE FOR USE IN ASSAYS FOR LMICS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AMR/OUT: THIS PROGRAM HAS TWO ARMS, ONE WITH A GENERAL REMIT OF PANDEMIC PREPAREDNESS, AND THE OTHER SPECIFIC TO THE ANTIMICROBIAL RESISTANCE PANDEMIC. OUTBREAK FOCUS WAS SHIFTED TO COVID-19, SO AMR HAD THE HIGHER SPEND ACROSS TWO WORKSTREAMS: 1) ONE HEALTH DIGITAL SURVEILLANCE WHERE TWO PILOT INITIATIVES BASED ON OPEN-SOURCE DIGITAL TECHNOLOGIES WERE COMPLETED IN ZAMBIA AND SENEGAL. THESE SYSTEMS HAVE PROVIDED BASELINE DATA AND TOOLS FOR ONE HEALTH ANALYTICS ON WHO GLASS PRIORITY PATHOGENS AS WELL AS A

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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ATTACHMENT 3 (CONT'D)

BROAD SPECTRUM OF ISOLATES. 2) NEW DIAGNOSTICS THAT WILL IMPROVE GONORRHEA MANAGEMENT IN LMICS TO ENABLE STEWARDSHIP OF NEW ANTIBIOTICS (UNDER DEVELOPMENT BY GARDP), WHERE THE MOST PROMISING REAGENTS COMING OUT OF FEASIBILITY ASSESSMENTS WERE TRANSFERRED TO DEVELOPMENT OF A LATERAL FLOW TEST TO MEET WHO TARGET PRODUCT PROFILES. THE LARGEST "OUTBREAKS" PROJECT FOR 2020 AIMS IMPROVE PREPAREDNESS AND RESPONSE TO LASSA FEVER THROUGH R&D AND CAPACITY-BUILDING ACTIVITIES, THE LATTER WITH NIGERIA AS A MODEL THAT CAN BE REPLICATED IN OTHER AFFECTED REGIONS. R&D WORK IS STILL IN FEASIBILITY PHASE, A COMPLEX PROJECT THAT TARGETS A SEMI-OPEN PLATFORM I.E. WHERE DIFFERENT ASSAY MANUFACTURERS CAN DEVELOP REAGENTS THAT WILL RUN OFF A SINGLE DEVICE. THIS MODEL CAN THEN BE APPLIED BEYOND LASSA FEVER.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

TB: THE TWO MAJOR FOCUS AREAS FOR THE TB PROGRAMMES FOR 2020 WERE ON I) POINT OF CARE (POC) TESTS FOR TB DETECTION, WHERE THE WORK WAS MOSTLY R&D; II) TESTS FOR DETECTING DRUG-RESISTANT FORMS OF TB (DR-TB), WHERE THE WORK WAS MOSTLY EVIDENCE GENERATION, BOTH THROUGH CLINICAL EVALUATIONS AND USABILITY AND ACCEPTABILITY STUDIES AND COST-EFFECTIVENESS ANALYSES. THE R&D WORK IS MOSTLY AROUND LAM-BASED RAPID TESTS, WITH OR WITHOUT A READER, AND AROUND LOOKING AT SAMPLE COLLECTION AND CONCENTRATION TECHNOLOGIES AND METHODS THAT MAY IN FUTURE HAVE APPLICABILITY OUTSIDE OF TB AS

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

ATTACHMENT 4 (CONT'D)

WELL. THE DR-TB WORK IS BY FAR THE LARGEST PART OF THE PORTFOLIO WITH TECHNOLOGIES RANGING FROM DECENTRALIZED FULLY AUTOMATED MOLECULAR TESTS FOR MULTI- AND EXTENSIVELY DRUG-RESISTANT (TB MDR AND XDR- TB) TO CENTRALIZED MOLECULAR PLATFORMS AND NEXT-GENERATION SEQUENCING. THE OUTCOME OF 2020 WORK ON DR-TB WAS THAT TWO PRODUCTS RECEIVED REGULATORY CLEARANCE (CE MARK) AND EVIDENCE FROM FIND-LED STUDIES WAS PROVIDED TOWARD FOUR WHO RECOMMENDATIONS. IMPORTANT AMONGST THESE WHO RECOMMENDATIONS WAS ONE FOR A LINE PROBE ASSAY FOR PYRAZINAMIDE (PZA), WHICH IS THE ONLY LPA AVAILABLE FOR PZA - NOW A KEY DRUG FOR TB - AND THE ONLY MOLECULAR TEST FOR PZA REVIEWED BY WHO. THE ALTERNATIVE TEST OPTION (PHENOTYPIC DST) IS SLOW, EXPENSIVE, AND REQUIRES BSL3.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

SWITZERLAND

INDIA

SOUTH AFRICA

VIETNAM

UGANDA

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
QUANTUMDX LUGANO BUILDING, 57 MELBOURNE ST	PRODUCT DEV. SUPPORT	14,643,606.

Name of the organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer identification number 98-0407553
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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEWCASTLE UNITED KINGDOM NE1 2JQ		
DIAGNOSTIC CONSULTING NETWORK 6354 CORTE DEL ABETO CARLSBAD, CA 92011	CONTRACT ASSAY DEV.	5,450,108.
CAPE BIOLOGIX TECHNOLOGIES (PTY) LTD 5 SUNRISE CIRCLE CAPETOWN SOUTH AFRICA 7405	INCREASE PROD. CAP.	3,583,427.
TRANSNATIONAL TECHNOLOGIES INC. 7324 AUBURNWOOD LANE WINDERMERE, FL 34786	TEST OPTIMIZATION	2,836,650.
THE BOSTON CONSULTING GROUP LUDWIGTRASSE 21 MUNCHEN GERMANY 80539	STRATEGY CONSULTING	2,188,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FIND INDIA FLAT NO 8, 9TH FL, 17 BARAKHAM NEW DELHI, IN 110001	PROGRAM SVCS	IN	N/A	N/A	FIND SWISS	X	
(2) FIND DX NPC 89 ROODEBLOEM ROAD WOODSTOCK, CAPE TOWN SF	PROGRAM SVCS	SF	N/A	N/A	FIND SWISS	X	
(3) FIND DX KENYA OFF MBAGATHI RD, PO BOX 54840 NAIROBI, KE 00200	PROGRAM SVCS	KE	N/A	N/A	FIND SWISS	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FIND INDIA	R	1,419,044.	FMV
(2) FIND DX NPC	R	329,400.	FMV
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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