Cumulative e-File History 2022	
Federal	
Locator:	9678SD
Account:	1143
Taxpayer Name:	Foundation for Innovative New Diagnostics
Return Type:	990, 990
Submitted Date:	11/15/2023 13:23:20
Acknowledgement Date:	11/15/2023 14:03:47
Status:	Accepted
Submission ID:	36964520233195000196

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

2022

For calendar year 2022, or tax year beginning _____ and ending _____

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to *www.irs.gov/Form8453TE* for the latest information.

Name of filer

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTIC

EIN or SSN

98-0407553

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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.

1a	**Form 990** check here	X	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	144248069.
2a	**Form 990-EZ** check here		b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b **Taxed based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8039-CP** check here		b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ 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.

b ☐ 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 entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2022 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	Title, if applicable
	15 Nov 2023	CHIEF OPER. OFFICER

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-TE 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 entity 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.

ERO's Use Only					
ERO's signature	Yuen zhong	Date 11/15/2023	Check if also paid preparer ☒	Check if self employed ☐	ERO's SSN or PTIN P01593150
Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S. LLP 1 MANHATTAN WEST NEW YORK NY 10001				EIN 34-6565596 Phone no. 212-773-6170

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.

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check if self employed ☐	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-TE** (2022)

JSA
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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] 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

E Telephone number
(000) 000-0000

G Gross receipts $
144,248,069.

F Name and address of principal officer: NORMA TORRES
CHEMIN DES MINES 9 GENEVA SZ 1202

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.FINDDX.ORG

K Form of organization: [ ] Corporation [ ] Trust [X] Association [ ] Other

L Year of formation: 2003 **M** State of legal domicile: SZ

Part I Summary

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 [ ] 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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	132
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	108,984,293.	142,991,509.
9	Program service revenue (Part VIII, line 2g)	NONE	NONE
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	624,209.	961,319.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	423,638.	295,241.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,032,140.	144,248,069.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,933,103.	87,636,841.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,658,685.	21,916,139.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses (Part IX, column (D), line 25) 805,909.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,001,922.	36,633,518.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95,593,710.	146,186,498.
19	Revenue less expenses. Subtract line 18 from line 12	14,438,430.	-1,938,429.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	189,507,117.	137,542,319.
21	Total liabilities (Part X, line 26)	167,462,799.	115,874,802.
22	Net assets or fund balances. Subtract line 21 from line 20	22,044,318.	21,667,517.

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 — Date: 15 Nov 2023

NORMA TORRES CHIEF OPER. OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
YUCEN ZHONG	Yucen Zhong	11/15/2023		P01593150

Firm's name ERNST & YOUNG U.S. LLP — Firm's EIN 34-6565596
Firm's address 1 MANHATTAN WEST NEW YORK, NY 10001 — Phone no. 212-773-6170

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

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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:

SEE SCHEDULE O

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 $ 103,061,587. including grants of $ 72,311,140.) (Revenue $ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses $ 10,283,492. including grants of $ 3,528,906.) (Revenue $ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses $ 6,560,663. including grants of $ 3,736,744.) (Revenue $ NONE)

SEE SCHEDULE O

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

(Expenses $ 15,416,131. including grants of $ 8,060,051.) (Revenue $ NONE)

4e Total program service expenses 135,321,873.

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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 X

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	NONE		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
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. **2a** 132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O 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?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		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?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
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 the instructions and file Form 4720, Schedule N.	**15**		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.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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.

X Own website ☐ Another's website ☐ Upon request ☐ Other *(explain on Schedule O)*

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
NORMA TORRES COO 9 CHEMIN DES MINES
GENEVA SZ 1202 000 0000000

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM RODRIGUEZ	40.00									
CHIEF EXECUTIVE OFFICER	NONE			X				323,816.	NONE	97,769.
(2) SERGIO CARMONA	40.00									
CHIEF MEDICAL OFFICER	NONE			X				328,189.	NONE	64,178.
(3) LOUISA CHAUBERT	40.00									
DIRECTOR OF FINANCE	NONE			X				270,419.	NONE	59,801.
(4) EMMA JANE HANNAY	40.00									
CHIEF ACCESS OFFICER	NONE			X				254,174.	NONE	54,930.
(5) WILLO BROCK (START 9/22)	40.00									
VP,EXTERNAL AFFAIRS	NONE			X				273,739.	NONE	27,798.
(6) DANIEL BAUSCH	40.00									
SR. ADVISOR, GLOBAL HEALTH SEC	NONE				X			231,901.	NONE	59,926.
(7) MARTA FERNANDEZ SUAREZ	40.00									
CHIEF TECHNOLOGY OFFICER	NONE			X				252,721.	NONE	36,060.
(8) MORTEN RUHWALD	40.00									
DIRECTOR, TB PROGRAMME	NONE					X		230,800.	NONE	52,258.
(9) SHARON SAACKS	40.00									
DIRECTOR OF OPERATIONS	NONE			X				219,034.	NONE	58,681.
(10) BEATRICE MOUTON	40.00									
DIRECTOR, HUMAN RESOURCES	NONE					X		224,498.	NONE	42,218.
(11) STEFANO ONGARELLO	40.00									
DIRECTOR, DATA SCIENCE	NONE					X		207,805.	NONE	48,938.
(12) SYLVAIN BIELER	40.00									
SENIOR SCIENTIST	NONE					X		213,699.	NONE	40,291.
(13) SANJAY SARIN	40.00									
VP, ACCESS	NONE				X			236,562.	NONE	NONE
(14) ADITI SRINIVASAN	40.00									
DIRECTOR, DATA SCIENCE	NONE					X		203,387.	NONE	30,550.

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) CASSANDRA KELLY-CIRINO(START9	40.00									
VP; HEALTH PROGRAMMES	NONE			X				76,930.	NONE	20,146.
(16) MARK KESSEL (END 11/22)	1.00									
CHAIRMAN OF THE BOARD	NONE	X						NONE	NONE	NONE
(17) DANIEL ROBERT CAMUS	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(18) ANDREW JOHN JACK (END 11/22)	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(19) IONA KICKBUSH	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(20) CARLOS MOREL MEDICIS	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(21) MARCEL TANNER	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(22) SHEILA TLOU (END 9/22)	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(23) MICHAEL WATSON (END 9/22)	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(24) DAVID HEYMANN	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(25) GAO FU (END 9/22)	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
1b Sub-total ▶								3,547,674.	NONE	693,544.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								3,547,674.	NONE	693,544.

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 ▶ 104

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

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 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) KAMINENI SHOBANA	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(27) FRUTIGER CHRISTIAN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(28) AYOADE ALAKIJA (START 11/22)	1.00									
CHAIRMAN OF THE BOARD	NONE	X						NONE	NONE	NONE
(29) SOUMYA SWAMINATHAN(START11/22	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
(30) PRECIOUS MATSOSO (START 11/22	1.00									
MEMBER OF THE BOARD	NONE	X						NONE	NONE	NONE
1b Sub-total ▶										
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 ▶

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
SEE SCHEDULE O		

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 ▶ 194

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	118,426,164.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,565,345.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			142,991,509.		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			NONE		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			961,319.		961,319.
	4	Income from investment of tax-exempt bond proceeds			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	NONE	NONE			
	d	Net rental income or (loss)			NONE		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)			NONE		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a		NONE			
	b	Less: direct expenses 8b		NONE			
	c	Net income or (loss) from fundraising events			NONE		
	9a	Gross income from gaming activities. See Part IV, line 19 9a		NONE			
	b	Less: direct expenses 9b		NONE			
	c	Net income or (loss) from gaming activities			NONE		
	10a	Gross sales of inventory, less returns and allowances 10a		NONE			
	b	Less: cost of goods sold 10b		NONE			
	c	Net income or (loss) from sales of inventory			NONE		
Miscellaneous Revenue			Business Code				
	11a	COMMISSION ON TAX DEDUCTION	900099		35,133.			35,133.
	b	OTHER INCOME	900099		260,108.			260,108.
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			295,241.			
	12	**Total revenue.** See instructions			144,248,069.		NONE	1,256,560.

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	17,751,551.	17,751,551.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	69,885,290.	69,885,290.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,467,485.	1,550,803.	751,482.	165,200.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	15,627,720.	12,300,226.	3,095,379.	232,115.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,381,101.	1,041,902.	329,343.	9,856.
9 Other employee benefits	925,049.	553,348.	362,165.	9,536.
10 Payroll taxes	1,514,784.	1,173,415.	317,325.	24,044.
11 Fees for services (nonemployees):				
a Management	1,269,424.	459,351.	810,073.	
b Legal	79,120.	3,787.	75,333.	
c Accounting	320,359.	144,228.	176,131.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	14,785.	314.	14,471.	
12 Advertising and promotion	NONE			
13 Office expenses	1,758,474.	1,706,948.	51,526.	
14 Information technology	1,936,196.	1,346,149.	590,047.	
15 Royalties	NONE			
16 Occupancy	955,401.	16,997.	938,404.	
17 Travel	2,329,044.	2,071,757.	227,403.	29,884.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	403,211.	307,968.	95,243.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	4,461.		4,461.	
23 Insurance	83,374.	11,995.	71,379.	
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	19,812,475.	18,427,047.	1,050,154.	335,274.
b EQUIPMENT & SUPPLIES	6,687,856.	6,525,392.	162,464.	
c TRANSLATION & SPONSORSHIP	69,170.	43,405.	25,765.	
d FOREIGN EXCHANGE LOSSES	910,168.		910,168.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	146,186,498.	135,321,873.	10,058,716.	805,909.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	22,817,170.	1	39,489,542.
	2	Savings and temporary cash investments	123,146,860.	2	81,401,662.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	13,930,408.	4	7,215,019.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	NONE	8	NONE
	9	Prepaid expenses and deferred charges	29,389,709.	9	9,166,796.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 76,320.			
	b	Less: accumulated depreciation — 10b: 76,320.	4,461.	10c	
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	218,509.	15	269,300.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	189,507,117.	16	137,542,319.
Liabilities	17	Accounts payable and accrued expenses	9,499,354.	17	19,116,387.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	157,963,445.	19	96,758,415.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26	**Total liabilities.** Add lines 17 through 25	167,462,799.	26	115,874,802.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	6,008,808.	27	12,607,693.
	28	Net assets with donor restrictions	16,035,510.	28	9,059,824.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	22,044,318.	32	21,667,517.
	33	Total liabilities and net assets/fund balances	189,507,117.	33	137,542,319.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,248,069.
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,186,498.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,938,429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,044,318.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,561,628.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,667,517.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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).)
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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations . . . . . .
g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,513,727.	55,842,142.	97,561,319.	108,984,293.	142,991,509.	464,892,990.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 **Total.** Add lines 1 through 3	59,513,727.	55,842,142.	97,561,319.	108,984,293.	142,991,509.	464,892,990.
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)						53,028,383.
6 **Public support.** Subtract line 5 from line 4						411,864,607.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	59,513,727.	55,842,142.	97,561,319.	108,984,293.	142,991,509.	464,892,990.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	340,946.	314,122.	189,810.	624,209.	961,319.	2,430,406.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	447,040.	585,117.	461,449.	423,638.	295,241.	2,212,485.
11 **Total support.** Add lines 7 through 10						469,535,881.

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** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 87.72 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . 15 80.38 %

16a **33 1/3 % support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

b **33 1/3 % support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test - 2022.** 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 . . . . . ☐

b **10%-facts-and-circumstances test - 2021.** 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 . . . . . ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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 (*explain in detail in* ***Part VI***):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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 - *provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2022 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-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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.)

SCHEDULE A, PART II, COLUMNS A-D

THE SUPPORT AMOUNTS REPORTED IN COLUMNS A THROUGH D ARE REPORTED ON A

CONSOLIDATED BASIS.

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	447,040.	585,117.	461,449.	423,638.	295,241.	2,212,485.
TOTALS	447,040.	585,117.	461,449.	423,638.	295,241.	2,212,485.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

[ ] 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), 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).

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	DEPT FOR INTERNATIONAL DEVELOPMENT UK ABERCROMBIE HOUSE EAST KILBRIDE UNITED KINGDOM G75 8EA	$ 11,287,335.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	FEDERAL MINISTRY OF EDUCATION & RESEARCH HEINEMANNSTRAßE 2 53175 BONN GERMANY N/A	$ 47,544,223.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	THE BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98012	$ 6,765,091.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	GOVT OF THE FEDERAL REPUBLIC OF GERMANY FED. MINISTRY FOR ECONOMIC COOPERATION STRESEMANNSTRAßE BERLIN GERMANY 94 10963	$ 22,073,140.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	SWISS AGENCY OF DEVEL & COOPERATION FREIBURGSTRASSE, 130 BERN SWITZERLAND 3003	$ 14,957,357.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	AUSTRALIAN DEPARTMENT OF FOREIGN AFFAIRS R. G. CASEY BUILDING, JOHN MCEWAN CRES CANBERRA ACT AUSTRALIA 0211	$ 8,411,147.	Person [X] Payroll [ ] Noncash [ ] (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	UNITAID GLOBAL HEALTH CAMP 40. CHEMIN DU POMMIER GRAND SACCONEX SWITZERLAND CH-1218	$ 6,729,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	DEPT OF FRGN AFFAIRS, TRADE & DVLPMT LESTER B. PEARSON BUILDING 125 SUSSEX DRIVE ONTARIO, OTTAWA CANADA N/A	$ 5,315,271.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	BLACK ROCK INC NY 50 HUDSON YARDS NEW YORK CITY, NY 10001	$ 4,943,534.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	KINGDOM OF SAUDI ARABIA, MIN OF FINANCE AI MUGHRIZAT, RIYADH 12484 SAUDI ARABIA QP9H+G8	$ 4,353,749.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	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
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		76,320.	76,320.	
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.

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

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

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

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.

1	Total revenue, gains, and other support per audited financial statements			1	144,248,069.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	144,248,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	144,248,069.

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

1	Total expenses and losses per audited financial statements			1	146,186,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	146,186,498.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	146,186,498.

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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? . . . . . [X] **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	1	4	PROGRAM SERVICES	SEE PART V	24,292,340.
(2) SOUTH ASIA	NONE	2	PROGRAM SERVICES	SEE PART V	5,423,718.
(3) EAST ASIA AND THE PACIFIC	1	7	PROGRAM SERVICES	SEE PART V	22,172,364.
(4) EUROPE	1	116	PROGRAM SERVICES	SEE PART V	63,637,622.
(5) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	3,774,608.
(6) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	676,041.
(7) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	SEE PART V	1,246,649.
(8) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	251,485.
(9) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	SEE PART V	805,287.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	129.			122,280,114.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	3.	129.			122,280,114.

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)			SUB-SAHARAN AFRICA	DIAGNOSTICS	17,684,107.	ELEC FD TRAN		N/A	N/A
(2)			SOUTH ASIA	DIAGNOSTICS	1,937,978.	ELEC FD TRAN		N/A	N/A
(3)			EAST ASIA/PACIFIC	DIAGNOSTICS	18,066,911.	ELEC FD TRAN		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	DIAGNOSTICS	26,938,776.	ELEC FD TRAN		N/A	N/A
(5)			SOUTH AMERICA	DIAGNOSTICS	3,331,496.	ELEC FD TRAN		N/A	N/A
(6)			NORTH AMERICA	DIAGNOSTICS	215,853.	ELEC FD TRAN		N/A	N/A
(7)			RUSSIA/NEWLY IND. STATES	DIAGNOSTICS	903,809.	ELEC FD TRAN		N/A	N/A
(8)			MIDDLE EAST/NORTH AFRICA	DIAGNOSTICS	43,893.	ELEC FD TRAN		N/A	N/A
(9)			CENT. AMERICA/CARIBBEAN	DIAGNOSTICS	762,468.	ELEC FD TRAN		N/A	N/A
(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 . . . ▶ 131

3 Enter total number of other organizations or entities . . . . . ▶ 217

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.

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 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 2022, IT WOULD BE DIFFICULT FOR FIND TO LIST EACH ORGANIZATIONS AND GRANT AMOUNT INDIVIDUALLY ON SCHEDULE F, PART II. THEREFORE, FIND HAS LISTED THE TOTAL AMOUNT OF ASSISTANCE PROVIDED FOR REGION IN 2022.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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? . . . . . [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EXPONENT 1075 WORCESTER STREET NATICK, MA 01760			122,200.		N/A	N/A	TECHNICAL DOSSIER REVIEW
(2) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON RD PISCATAWAY, NJ 08854-5602	22-6001086	501(C)(3)	22,242.		N/A	N/A	TB DIAGNOSTICS
(3) THE CENTER FOR AFFORDABLE HEALTH 4938 HAMPDEN LN, #186 BETHESDA, MD 20814			9,936.		N/A	N/A	TO PROVIDE MATERIAL PUBLICATION
(4) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92063-0602	95-6006144	501(C)(3)	66,493.		N/A	N/A	CONSULTING SERVICES
(5) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE, BOX 359472	91-6001537	501(C)(3)	27,022.		N/A	N/A	ASSESSMENT OF HCV SELF TESTING
(6) BIOMEDICAL RESEARCH INSTITUTE 9410 KEY WEST AVENUE ROCKVILLE, MD 20850	36-2229561	501(C)(3)	76,000.		N/A	N/A	SCHISTOMIASIS PARASITES SUPPLIES
(7) BOSTON CHILDREN'S HOSPITAL 300 LONGOOD AVE BOSTON, MA 02215	04-2774441	501(C)(3)	42,617.		N/A	N/A	RESEARCH AGREEMENT CROSS-CUTTING DISEA.
(8) BOSTON UNIVERSITY 25 BUICK ST, 2ND FL BOSTON, MA 02215	04-2103547	501(C)(3)	655,323.		N/A	N/A	SPONSORED RESEARCH
(9) BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	190,400.		N/A	N/A	DEVELOPMENT OF A RAP TEST FOR TB
(10) CHAI -CLINTON HEALTH ACCESS INITIATION INC 383 DORCHESTER AVENUE BOSTON, MA 02127	27-1414646	501(C)(3)	2,007,458.		N/A	N/A	TO SUPPORT TB ELIMINATION EFFORTS
(11) COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	792,000.		N/A	N/A	IMPLEMENTATION OF CO COVID AG RDTS
(12) DIAGNOSTIC CONSULTING NETWORK INC 6354 CORTE DEL ABETO CARLSBAD, CA 92011	20-5531959		854,249.		N/A	N/A	DEVELOPMENT OF DIAGNOSTIC TESTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

3 Enter total number of other organizations listed in the line 1 table 17

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DIMAGI INC. 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298		252,335.		N/A	N/A	PRODUCTION OF MOBILE FOR RAPID VITRO TEST
(2) DRUGS & DIAGNOSTICS FOR TROPICAL DISEASES 4898 RONSON CT. SAN DIEGO, CA 92111	27-4482027	501(C)(3)	27,969.		N/A	N/A	DEVELOPMENT AND COMM DIAGNOSTIC TESTS
(3) MANAGEMENT SCIENCES FOR HEALTH 784 MEMORIAL DR CAMBRIDGE, MA 02139			621,481.		N/A	N/A	VITRO DIAGNOSTIC & COVID PROJECT
(4) TRANSNATIONAL TECHNOLOGIES INC 7324 AUBURNWOOD LANE WINDERMERE, FL 34786			3,200,000.		N/A	N/A	SUPPORT FOR ANTIGEN RDT COVID
(5) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DR CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	644,191.		N/A	N/A	LABORATORY STRENGTHENING
(6) UNIVERSITY OF ALABAMA 701 20TH ST S BIRMINGHAM, AL 35294-0111	63-6005396	501(C)(3)	119,140.		N/A	N/A	GONORRHOEA STUDY
(7) WHO -PAHO REG. OFFICE OF THE WHO WASHINGTON, DC 20037		501(C)(3)	2,275,676.		N/A	N/A	COVID ANTIGEN RDT IN AMERICAS
(8) WOLF GREENFIELD AND SACKS P.C. 600 ATLANTIC AVENUE BOSTON, MA 02210-2206			211,332.		N/A	N/A	STUDY TO DETECT NGAL/LCN-2 BIOMARKER
(9) ADVENTION BUSINESS PARTNERS INC. 10 EAST 40TH STREET, SUITE 3310			62,507.		N/A	N/A	ESTABLISH FRAMEWORK TO ASSESS COGS
(10) AUDERE 1191 2ND AVE STE 450 SEATTLE, WA 98101			147,704.		N/A	N/A	PROMOTE PERFORMANCE OF CV-19 ANTIGEN RDT
(11) BIOMEME 1015 CHESTNUT ST, SUITE 1401			4,015,000.		N/A	N/A	DEVELOPMENT OF DIAGNOSTIC TESTS
(12) DETECTOGEN INC 5 JACOB AMSDEN ROAD WESTBOROUGH, MA 01581			5,368.		N/A	N/A	SUPPLY OF RESEARCH MATERIAL

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 . . . . . _____

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVE NW STE 200			793,500.		N/A	N/A	EVALUATE. ANTIGEN RAPID DIAG. TESTS
(2) HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE, SUITE 727E	04-2103580	501(C)(3)	32,849.		N/A	N/A	SEQ & TREAT MUTATION CATALOGUE WORK
(3) INTERNATIONAL RESCUE COMMITTEE INC. 122 E 42ND ST NEW YORK, NY 10168			224,051.		N/A	N/A	SUPPORTING RAPID DIAGNOSTIC TESTS
(4) PERKINELMER HEALTH SCIENCES INC 710 BRIDGEPORT AVE SHELTON, CT 06484			300,000.		N/A	N/A	DEVELOP & REGISTER WITH SRAS
(5) PROGRAM APPROPRIATE TECH IN HEALTH 2201 WESTLAKE AVENUE, SUITE 200	91-1157127	501(C)(3)	312,583.		N/A	N/A	GENOMICS TRAININGS AND SUPPORTINGS
(6) SHERLOCK BIOSCIENCES INC 200 TALCOTT AVE WATERTOWN, MA 02472			202,000.		N/A	N/A	COVID 19 MOLECULAR PLATFORM EVALUATION
(7) SONAVI LABS INC 1100 WICOMICO ST, SUITE 600			6,800.		N/A	N/A	DIGITAL STETHOSCOPE FOR TB
(8) UNIVERSITY OF MASSACHUSETTS AMHERST 813 NORTH PLEASANT ST. AMHERST, MA 01003	54-2084125	501(C)(3)	25,000.		N/A	N/A	MATERIAL TRANSFER AGREEMENT
(9) VERA SOLUTIONS 444 MANHATTAN AVE, SUITE 4C			5,350.		N/A	N/A	SUPP. ON SALESFORCE TOOL UTILIZATION
(10)							
(11)							
(12)							

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 . . . . . ____

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

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

2022

Open to Public Inspection

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 and/or 1099-NEC 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				
	WILLIAM RODRIGUEZ	(i)	308,730.	15,086.	NONE	67,143.	30,626.	421,585.	
1	CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	SHARON SAACKS	(i)	210,467.	8,567.	NONE	47,288.	11,393.	277,715.	
2	DIRECTOR OF OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	LOUISA CHAUBERT	(i)	261,852.	8,567.	NONE	53,506.	6,295.	330,220.	
3	DIRECTOR OF FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	WILLO BROCK (START 9/2	(i)	262,155.	11,584.	NONE	22,213.	5,585.	301,537.	
4	VP,EXTERNAL AFFAIRS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	SERGIO CARMONA	(i)	319,622.	8,567.	NONE	60,016.	4,162.	392,367.	
5	CHIEF MEDICAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	BEATRICE MOUTON	(i)	215,931.	8,567.	NONE	42,218.	NONE	266,716.	
6	DIRECTOR, HUMAN RESOURCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	STEFANO ONGARELLO	(i)	201,647.	6,158.	NONE	39,505.	9,433.	256,743.	
7	DIRECTOR, DATA SCIENCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	MORTEN RUHWALD	(i)	219,431.	11,369.	NONE	42,050.	10,208.	283,058.	
8	DIRECTOR, TB PROGRAMME	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	SYLVAIN BIELER	(i)	205,385.	8,314.	NONE	40,291.	NONE	253,990.	
9	SENIOR SCIENTIST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	EMMA JANE HANNAY	(i)	245,553.	8,621.	NONE	54,930.	NONE	309,104.	
10	CHIEF ACCESS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	MARTA FERNANDEZ SUAREZ	(i)	242,005.	10,716.	NONE	20,461.	15,599.	288,781.	
11	CHIEF TECHNOLOGY OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	SANJAY SARIN	(i)	228,000.	8,562.	NONE	NONE	NONE	236,562.	
12	VP, ACCESS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	DANIEL BAUSCH	(i)	223,334.	8,567.	NONE	48,289.	11,637.	291,827.	
13	SR. ADVISOR, GLOBAL HEALTH SEC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	ADITI SRINIVASAN	(i)	198,511.	4,876.	NONE	30,550.	NONE	233,937.	
14	DIRECTOR, DATA SCIENCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
		(i)							
15		(ii)							
		(i)							
16		(ii)							

FORM 990, BOX E:

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

FORM 990, PART III, LINE 4D:

ANTIMICROBIAL RESISTANCE (AMR)

FIND COMPLETED THE FIRST CLINICAL EVALUATION OF A GONORRHOEA RDT (DEVELOPED WITH DCN DX, USA) IN PATIENTS WITH SIGNS AND SYMPTOMS OF A SEXUALLY TRANSMITTED INFECTION (STI) IN SOUTH AFRICA, SHOWING A SENSITIVITY OF 91% AND SPECIFICITY OF 96.3%, HIGHER THAN THE MINIMAL REQUIREMENTS SET OUT IN THE WHO TPP. FIND SUPPORTED 8 PRODUCTS (4 IVDS AND 4 DIGITAL TOOLS) ACROSS VARIOUS STAGES OF DIAGNOSTIC PRODUCT LIFE CYCLE. IN NEPAL, FIND WORKED WITH GOVERNMENT AGENCIES TO DEVELOP AN AMR DATABASE, WHICH REPRESENTS THE SINGLE MOST COMPREHENSIVE REPOSITORY IN THE COUNTRY, WITH DATA FROM BOTH THE HUMAN HEALTH AND ANIMAL HEALTH SECTORS ON THE EXTENT OF AMR IN THE COUNTRY. IN KENYA, FIND SUPPORTED THE NATIONAL ANTIMICROBIAL STEWARDSHIP INTERAGENCY COMMITTEE (NASIC) IN STRENGTHENING THE EXISTING AMR SURVEILLANCE SYSTEM. FIND PARTICIPATED IN SEVERAL G20 MEETINGS, IN SESSIONS ON AMR/ONE HEALTH AND THE ROLE OF PUBLIC-PRIVATE PARTNERSHIPS IN RESPONDING TO FUTURE HEALTH THREATS. CLINICAL STUDIES AS PART OF THE FIND AMR DIAGNOSTIC USE ACCELERATOR HAVE NOW BEEN COMPLETED IN BURKINA FASO (IRSS-CRUN), GHANA (DHRC), INDIA (ICMR), NEPAL (OUCRU) AND UGANDA (IDRC). THE PROJECT HAS BEEN CONDUCTED IN TWO PHASES (PHASE I: PRE-COVID-19; PHASE II: INCLUDING COVID-19). BY THE END OF 2022, BOTH PHASES WERE IN THE COMPLETION STAGES, WITH THE SUBMISSION FOR PUBLICATION OF PHASE 1 RESULTS FORMING A SPECIAL

SUPPLEMENT (TEN PAPERS) IN THE JOURNAL CLINICAL INFECTIOUS DISEASES IN MID-2023. THE RESULTS OF THESE STUDIES WILL CONTRIBUTE TO EVIDENCE NEEDED TO INFORM GUIDANCE AND POLICES THAT HIGHLIGHT THE IMPORTANCE OF DIAGNOSTICS TO OPTIMIZE THE USE OF ANTIBIOTICS.

PANDEMIC THREATS

IN JUNE 2022, FIND SIGNED A MULTIYEAR PARTNERSHIP WITH GAVI, THE VACCINE ALLIANCE, TO SUPPORT NEW DIAGNOSTIC TESTS FOR THE SURVEILLANCE OF VACCINE-PREVENTABLE DISEASES, ADDRESSING A MAJOR GAP IN GAVI'S IMMUNIZATION PROGRAMMES. FIND WILL ENGAGE WHO TO CREATE OR UPDATE TPPS FOR DIAGNOSTIC TESTS FOR CHOLERA, TYPHOID, MENINGITIS AND YELLOW FEVER; SUPPORT TEST EVALUATION; AND PROVIDE TECHNICAL ASSISTANCE AND GUIDANCE TO WHO EXPERT COMMITTEES ON THE DEPLOYMENT AND USE OF IMPROVED TEST KITS FOR THESE FOUR DISEASES. FIND WILL JOIN GAVI, UNICEF AND WHO TO ESTABLISH MECHANISMS TO IMPROVE ACCESS TO THESE TESTS, ENHANCING GAVI'S VACCINE PROGRAMMES. IN 2022, FIND SUPPORTED 27 PRODUCTS (18 IVDS AND 9 DIGITAL TOOLS FOR COVID-19, LASSA FEVER, MARBURG VIRUS, YELLOW FEVER, MULTI-DISEASE PLATFORMS) ACROSS VARIOUS STAGES OF DIAGNOSTIC PRODUCT LIFE CYCLE INCLUDING 17 IVDS AND 5 DIGITAL TOOLS IN THE DEVELOPMENT PHASES. FOR CAPACITY STRENGTHENING FOR NIGERIA'S LASSA FEVER PREPAREDNESS AND RESPONSE, FIND ACTIVATED 9 NEW LABORATORIES, AND MORE THAN 2000 WELL-CHARACTERIZED BLOOD SAMPLES ARE NOW AVAILABLE FOR LASSA FEVER RESEARCH. FIND ADDED 3599 LASSA FEVER SAMPLES TO THE BIOBANK IN NIGERIA.

ACCESS TB INDIA

IN 2022 IN INDIA, FIND ESTABLISHED AND HANDED OVER AN ADDITIONAL 11 BSL-3 TB CULTURE AND DRUG-SUSCEPTIBILITY TESTING (DST) LABORATORIES, BRINGING THE TOTAL NUMBER OF TB LABORATORIES UNDER THE NATIONAL TB PROGRAMME (NTP) ACROSS THE COUNTRY TO 81 (ALL ESTABLISHED BY FIND). THESE LABORATORIES CONDUCTED OVER 375,000 DSTS AND DIAGNOSED ~65,000 DRUG RESISTANT TB CASES DURING THE YEAR. FIND ALSO SUPPORTED 17 CULTURE AND DST LABORATORIES IN ACHIEVING AND MAINTAINING ISO 15189 CERTIFICATION, AND MENTORED ANOTHER 15 LABORATORIES TOWARDS ACHIEVING THE CERTIFICATION. FIND SUPPORTED THE NTP IN ESTABLISHING AN EQA MECHANISM FOR XPERT MTB/RIF AND TRUENAT SITES ACROSS THE COUNTRY. DURING 2022, 1280 XPERT AND 840 TRUENAT SITES PARTICIPATED IN EQA WITH 95% XPERT AND OVER 85% TRUENAT SITES ACHIEVING SATISFACTORY RESULTS. THROUGH THE PROJECT JEET (JOINT EFFORT FOR ELIMINATION OF TB), FIND FACILITATED SCREENING OF OVER 170,000 HOUSEHOLD CONTACTS FOR TB INFECTION, ENABLING NEARLY 112,000 PEOPLE TO INITIATE TB PREVENTIVE TREATMENT IN 22 DISTRICTS ACROSS FOUR STATES IN THE COUNTRY. FIND PROVIDED TECHNICAL ASSISTANCE AND CAPACITY BUILDING FOR DIAGNOSIS MANAGEMENT OF DRUG-RESISTANT TB IN CHILDREN. SITUATIONAL AND GAP ANALYSIS WAS CONDUCTED IN COLLABORATION WITH NTP IN THREE LARGE STATES (DELHI, MAHARASHTRA AND MADHYA PRADESH) ENGAGING PAEDIATRIC DRUG-RESISTANT TB EXPERTS AND STATE-SPECIFIC ROADMAPS FOR IMPROVING DIAGNOSIS AND MANAGEMENT OF PAEDIATRIC DRUG-RESISTANT TB CASES WERE DEVELOPED.

FEVER AND MALARIA

FIND AND WHO JOINTLY DEVELOPED A TPP FOR RAPID DIAGNOSTIC TEST (RDT) READERS, AS A COMPANION TOOL FOR RDTS FOR MALARIA, COVID-19 AND OTHER DISEASE AREAS, TO PROMOTE MORE CONSISTENT AND ACCURATE TEST PERFORMANCE, INTERPRETATION AND REPORTING. THESE RDT READERS CAN TAKE THE FORM OF DEDICATED HARDWARE INSTRUMENTS OR OF APPLICATIONS ON MOBILE PHONES AND TABLETS, FOR PROFESSIONAL USE OR SELF-TESTING AND AS A MEDICAL DEVICE OR A NON-MEDICAL DATA CAPTURE TOOL. FIND SUPPORTED 5 PRODUCTS (3 IVDS AND 2 DIGITAL TOOLS) ACROSS VARIOUS STAGES OF DIAGNOSTIC PRODUCT LIFE CYCLE, INCLUDING 3 IVDS AND 1 DIGITAL TOOL IN THE DEVELOPMENT PHASES. FIND STUDIES AS PART OF THE MALARIA INNOVATION PLATFORM ENROLLED 3533 INDIVIDUALS WITH MALARIA IN INDONESIA, PERU AND SUDAN, NEARLY COMPLETING ENROLMENT FOR THE EVALUATION OF FIVE NEW NON-HRP2 (HISTIDINE-RICH PROTEIN 2) RDTS FROM TWO DEVELOPERS, TO ADDRESS THE THREAT OF INACCURATE MALARIA RDT RESULTS CAUSED BY GENE DELETIONS IN THE MALARIA PARASITE (KNOWN AS PFHRP2 DELETIONS). THE RESULTS WILL BE INCLUDED IN WHO PQ DOSSIERS.

NEGLECTED TROPICAL DISEASES (NTDS)

IN APRIL 2022, BASED ON THE RDT AND DIAGNOSTIC STRATEGY LED BY FIND KNOWN AS "TRYPA-NO!", WHO CONFIRMED ELIMINATION OF THE GAMBIENSE FORM OF HUMAN AFRICAN TRYPANOSOMIASIS (HAT, OR "SLEEPING SICKNESS") IN UGANDA. WITH FIND'S ONGOING SUPPORT, A REQUEST FOR VALIDATION OF HAT ELIMINATION IN CHAD HAS ALSO BEEN SUBMITTED. FIND SUPPORTED 8 IVDS (FOR BURULI ULCER, CHAGAS DISEASE, HAT, SCHISTOSOMIASIS, LEISHMANIASIS) ACROSS VARIOUS

STAGES OF DIAGNOSTIC PRODUCT LIFE CYCLE, INCLUDING 7 IVDS IN THE DEVELOPMENT PHASES. FIND HAS BEEN SUPPORTING IMPLEMENTATION PROJECTS TO IMPROVE VISCERAL LEISHMANIASIS (VL) DIAGNOSIS IN KENYA, BY STRENGTHENING HEALTHCARE FACILITIES TO DIAGNOSE THE DISEASE THROUGH A COMBINATION OF CLINICAL SIGNS AND RDTS, BACKED UP BY STRATEGIC REFERRAL CENTRES TO CONFIRM RDT-NEGATIVE SUSPECT CASES USING DIRECT AGGLUTINATION TEST (DAT). THIS STRATEGY, SUPPLEMENTED WITH VL AWARENESS CAMPAIGNS AMONG LOCAL COMMUNITIES, HAS ALLOWED PATIENTS ACCESS TO PROMPT DIAGNOSIS AND TREATMENT AS CLOSE AS POSSIBLE TO THEIR PLACE OF RESIDENCE. FIND'S ACTIVITIES BEGAN IN TURKANA COUNTY IN 2016 AND HAVE SINCE BEEN PROGRESSIVELY EXTENDED TO ALL 11 VL-ENDEMIC COUNTIES IN KENYA. SINCE 2020, 200 HEALTH WORKERS HAVE BEEN TRAINED. MORE THAN 900 COMMUNITY VOLUNTEERS HAVE ALSO BEEN TRAINED TO SUPPORT THE IDENTIFICATION OF SUSPECTED CASES IDENTIFICATION AND REFERRAL TO HEALTH FACILITIES. KNOWLEDGE OF VL IN THE ENDEMIC POPULATION AND ACCESS TO DIAGNOSIS AND TREATMENT HAS IMPROVED, AND THE CASE FATALITY RATE HAS DECLINED, FROM MORE THAN 2% TO LESS THAN THE 1% ELIMINATION THRESHOLD. THE TIME TO DIAGNOSIS AND TREATMENT FOLLOWING THE ONSET OF SYMPTOMS HAS ALSO REDUCED.

NON-COMMUNICABLE DISEASES (NCDS)

FIND SUPPORTED THE DEVELOPMENT OF 2 IVDS (POC LIVER TEST PLATFORM AND LIVER FUNCTION RDT) IN 2022. AS PART OF MARKET INNOVATION EFFORTS, FIND ADDRESSED THE AFFORDABILITY AND QUALITY OF EXISTING DIABETES DIAGNOSTICS. FIND NEGOTIATED PRICE REDUCTIONS WITH THREE HAEMOGLOBIN A1C (HBA1C) POC

TEST MANUFACTURERS, FROM US$7 TO US$3.50, FOR BLOOD GLUCOSE METER/STRIPS. ORDERS FOR 8.3 MILLION GLUCOSE TEST STRIPS AND 11,000 BLOOD GLUCOSE METERS WERE OPERATIONALIZED FOR PRODUCTS UNDER LONG-TERM AGREEMENTS (LTAS) WITH FIND AT PREFERENTIAL PRICES AND IN FOUR COUNTRIES: CAMBODIA, KENYA, PALESTINE, AND RWANDA. FIND IDENTIFIED A PRICE FOR CONTINUOUS GLUCOSE MONITORS (CGMS), WHICH WAS CONSIDERED COST-EFFECTIVE/AFFORDABLE ACROSS FIVE COUNTRIES. CURRENT GLOBAL PRICING FOR A CGM IS APPROXIMATELY US$65. BASED ON FIND ANALYSIS, RECOMMENDED GLOBAL PRICING FOR A CGM TO BE CONSIDERED COST-EFFECTIVE IS US$15, REPRESENTING A 77% COST-REDUCTION. THIS INFORMATION IS BEING USED TO DRIVE NEGOTIATIONS WITH SUPPLIERS AROUND GLOBAL CGM PRICING FOR THE COUNTRIES THAT FIND SUPPORTS.

WOMEN'S HEALTH

IN 2022, FIND LAID THE GROUNDWORK FOR A NEW PROGRAMME FOCUSED ON WOMEN'S HEALTH. IN KENYA AND VIET NAM, FIND IS SUPPORTING THE MINISTRIES OF HEALTH TO INTRODUCE OR SCALE-UP THE AVAILABILITY OF SELECTED POC TESTS AT THE PRIMARY CARE LEVEL, AS PART OF INFORMING BEST PRACTICES FOR SCALING UP ACCESS TO ESSENTIAL DIAGNOSTICS IN PRIMARY HEALTHCARE. IN KENYA, FIND IS SUPPORTING BASIC SCREENING TESTS PRESCRIBED FOR PREGNANT WOMEN ATTENDING ANTENATAL CARE VISITS, WHILE IN VIET NAM THE SELECTED POC TESTS PRIORITIZE WOMEN'S AND CHILDREN'S HEALTH, AS WELL AS COMMON RESPIRATORY ILLNESSES.

FORM 990, PART V, LINE 2A AND PART VII, SECTION A

INDIVIDUALS EMPLOYED BY FIND ARE NOT US RESIDENTS OR US EMPLOYEES.

INFORMATION PERTAINING TO THE NUMBER OF EMPLOYEES AND EMPLOYEE COMPENSATION IS PROVIDED USING THE BEST INFORMATION AVAILABLE FROM EQUIVALENT W-2 & W-3 FORMS FOR THE VARIOUS COUNTRIES IN WHICH 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 BY THE DIRECTOR OF FINANCE. ONCE APPROVED BY THE DIRECTOR OF FINANCE, THE FORM 990 IS ALSO REVIEWED BY THE CEO. ADDITIONALLY, IN 2021, FIND PARTICIPATED IN A BENCHMARKING EXERCISE WITH PEER OF FINANCE, THE FORM 990 IS ALSO REVIEWED BY THE CEO. ADDITIONALLY, IN 2021, 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:

FINDS 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

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

REMUNERATION TERMS FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON MARKET RATES FOR SIMILAR POSITIONS IN SPECIFIC LOCATIONS. THE COMPENSATION COMMITTEE. 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

UPON REQUEST 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, SWITZERLAND.

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 0590

FORM 990, PART XI, LINE 9

PRIOR PERIOD ADJUSTMENT - RESTATEMENT OF GRANT TREATMENT IN AUDITED FINANCIAL STATEMENTS - $1,561,628

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

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.

Name of the organization: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number: 98-0407553

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

COVID-19
EXPENDITURE USD 103,061,587

FIND'S 2022 COVID-19 ACTIVITIES ADDRESSED ACCESS INEQUITIES AS WELL AS DIAGNOSTICS RESEARCH AND DEVELOPMENT (R&D). FIND LED MAJOR ADVANCES IN REGIONAL DIAGNOSTICS MANUFACTURING AND EVALUATED MORE THAN 50 COVID-19 TESTS. INVESTMENTS LED DIRECTLY TO MANUFACTURING CAPACITY BASED IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS) OF 60 MILLION COVID-19 RAPID TESTS (RDTS) AND SELF-TESTS PER MONTH, AVAILABLE TO LMICS AT US$1-2 PER TEST. FIND'S TECHNOLOGY TRANSFER PROGRAMMES ENABLED DIATROPIX (SENEGAL) TO MANUFACTURE HIGH-QUALITY COVID-19 RDTS AND BREAK GROUND ON A NEW FACILITY FOR LOW-COST, HIGH-VOLUME MANUFACTURING FOR RDTS OF REGIONAL IMPORTANCE. FIND SUPPORTED PREMIER MEDICAL CORPORATION (INDIA) TO EXPAND PRODUCTION CAPACITY TO 10 MILLION RDTS/MONTH UNDER GLOBAL ACCESS TERMS. FIND ENABLED WAMA DIAGNóSTICA (BRAZIL) IN THE END-TO-END MANUFACTURE OF RDTS FROM RAW MATERIALS. FIND'S SUPPORT ENABLED WONDFO BIOTECH (CHINA) AND VIATRIS (SOUTH AFRICA) TO ACHIEVE WHO EMERGENCY USE LISTING (EUL) FOR THEIR COVID-19 RDTS. ADDITIONALLY, FIND'S PROVISION OF INDEPENDENT TRIAL DATA SUPPORTED THE WHO EMERGENCY USE LISTING (EUL) OF SIX COVID-19 TESTS IN 2022, AND A SEVENTH IN 2023. FIND'S ASSESSMENT OF COVID-19 AG RDT PERFORMANCE INCLUDED TEST ACCURACY AND THE ABILITY TO DETECT NEW VARIANTS. THESE STUDIES HAVE NOW ENCOMPASSED 54 AG RDTS, INCLUDING PROFESSIONAL USE AND SELF-TESTS. FIND MONITORED AND MAPPED BOTH TESTING AND SEQUENCING CAPACITY FOR COVID-19, AS WELL AS TRACKING THE IMPACT OF NEW VARIANTS OF CONCERN ON TEST PERFORMANCE. FIND SUPPORTED DECENTRALIZED COMMUNITY-BASED TESTING FOR COVID-19 AND TEST-AND-TREAT STRATEGIES. FIND ALSO GENERATED DATA THAT HELPED IN-COUNTRY POLICY REVIEWS ON THE USE OF AG RDTS IN SETTINGS BEYOND THOSE RECOMMENDED IN THE WHO GUIDELINES, INCLUDING PHARMACY CHANNELS AND NON-TRADITIONAL SETTINGS SUCH AS TAXI RANKS. FIND SUPPORTED THE PROCUREMENT OF 1,889,144 DIAGNOSTIC TESTS AND RELATED CONSUMABLES, OF WHICH 1,853,854 WERE COVID-19 AG RDTS, WHILE SUPPORTING THE INTRODUCTION OF THEIR USE IN 26 COUNTRIES.

LINE 4B, PROGRAM SERVICE

TUBERCULOSIS (TB) AND HEPATITIS (HCV)

Name of the organization: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number: 98-0407553

FORM 990, PART III - PROGRAM SERVICE
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EXPENDITURE USD 10,283,492

FIND INITIATED ITS FIRST-EVER COMPREHENSIVE INVOLVEMENT OF PATIENTS IN STUDY DESIGN, THROUGH THE UNITAID-FUNDED DRIVEDX4TB PROJECT TO SEEK PATIENT PERSPECTIVES ON NOVEL SAMPLE TYPES FOR TB DIAGNOSTICS. IN THE RECENT DEVELOPMENT OF A WHO TARGET PRODUCT PROFILE (TPP) FOR TB, FIND DEVELOPED AN IMPACT MODEL THAT INDICATES THAT NEW POINT-OF-CARE (POC) TESTS FOR TB THAT PROVIDE RESULTS TO THE PATIENT DURING THE SAME CLINICAL VISIT WOULD REQUIRE MINIMUM SENSITIVITIES OF 59-70% AND 65-71% FOR NON-SPUTUM AND SPUTUM SAMPLES, RESPECTIVELY, DEPENDING ON THE COUNTRY AND STANDARD OF CARE, TO ACHIEVE COMPARABLE OR BETTER CASE DETECTION THAN THE CURRENT STANDARD OF CARE. TO MAXIMIZE VALUE FOR MONEY OF NEWLY DEVELOPED TB DIAGNOSTICS, FIND INTRODUCED EVIDENCE-BASED TARGET PRICING INTO THE FORTHCOMING TPP FOR TB DIAGNOSTICS. THIS WORK PROVIDES A NOVEL FRAMEWORK TO GUIDE THE FUTURE DEVELOPMENT OF TPPS FOR DIAGNOSTICS. FIND SUPPORTED 10 TB PRODUCTS (7 IVDS AND 3 DIGITAL TOOLS) ACROSS VARIOUS STAGES OF DIAGNOSTIC PRODUCT LIFE CYCLE INCLUDING 4 IVDS AND 1 DIGITAL TOOL IN THE DEVELOPMENT PHASES. FIND ALSO SUPPORTED 3 HCV TESTS IN THE DEVELOPMENT PHASES. FIND LED THE DEVELOPMENT OF TARGETED NEXT-GENERATION SEQUENCING (TNGS) FOR USE IN PATIENTS WITH TB, AND THE DATA OBTAINED FROM THIS THREE-COUNTRY STUDY FORM THE BACKBONE OF A NEW WHO EVIDENCE REVIEW AND GUIDELINES FOR TB MANAGEMENT. FIND IDENTIFIED AND DEMONSTRATED LOT-TO-LOT VARIABILITY OF THE FUJILAM TB RAPID TEST AS AN UNANTICIPATED OUTCOME OF A LARGE, SEVEN-COUNTRY EVALUATION OF THE TEST'S ACCURACY, SUPPORTING THE WHO DECISION TO CANCEL A POLICY REVIEW; FIND SUPPORTED FUJIFILM IN CONDUCTING A ROOT CAUSE ANALYSIS AND PLANNING A REDESIGNED TEST. AN EXISTING DIGITAL GLOBAL GOOD, DEVELOPED BY MEDICMOBILE, WAS ENHANCED TO ALLOW FOR BIDIRECTIONAL TB AND COVID-19 SCREENING AND NCD SCREENING.

LINE 4C, PROGRAM SERVICE

ACCESS
EXPENDITURE USD 6,560,663

FIND AND THE INDONESIAN MINISTRY OF HEALTH (MOH) SIGNED A MEMORANDUM OF UNDERSTANDING (MOU) TO EXPAND ACCESS TO ESSENTIAL DIAGNOSTICS ACROSS 18,000 PRIMARY HEALTH CENTRES THROUGHOUT INDONESIA, WHILE ENHANCING PANDEMIC SURVEILLANCE AND ADVANCING DIAGNOSTICS MANUFACTURING IN INDONESIA. FIND ENTERED A

Name of the organization: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number: 98-0407553

FORM 990, PART III - PROGRAM SERVICE
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COLLABORATION WITH THE AFRICAN SOCIETY FOR LABORATORY MEDICINE (ASLM) AND JOINTLY LAUNCHED THE DIAGNOSTIC NETWORK OPTIMIZATION SUB-COMMUNITY OF PRACTICE (DNO SUBCOP), UNDER THE OVERARCHING LABORATORY SYSTEMS STRENGTHENING COMMUNITY OF PRACTICE (LABCOP) INITIATIVE. OUT OF A TARGET OF 15 COUNTRIES, 12 COUNTRIES HAVE ONGOING OR COMPLETED ANALYSES USING OPTIDX-NETWORK OPTIMIZATION SOFTWARE CO-DEVELOPED BY FIND TO SUPPORT RESOURCE PLANNING FOR NATIONAL LABORATORY SYSTEMS-FOR TB, TB/HIV, AND ASSOCIATED MOLECULAR TESTING. THE CAPACITY BUILDING OF COUNTRY TEAMS IN THE USE OF OPTIDX CONTINUES IN SEVERAL COUNTRIES, INCLUDING COTE D'IVOIRE, INDIA, AND ZAMBIA. TWO STRATEGIC DNO ANALYSES ARE UNDERWAY, IN KENYA AND PAKISTAN, WHICH WILL LIKELY INFORM KEY PRIORITIES, INCLUDING PLANNING FOR GLOBAL FUND SUPPORT, AND INTEGRATED DISEASE TESTING. FIND ALSO DEVELOPED AN ONLINE DNO COURSE, AIMED AT STRATEGIC DECISION-MAKERS, IN WHICH 393 PARTICIPANTS FROM 30 COUNTRIES PARTICIPATED. DNO ANALYSES IN COUNTRIES HAVE FOCUSED ON IDENTIFYING GAPS IN TESTING CAPACITY AND STRATEGIES NEEDED TO EXPAND TESTING IN HARD-TO-REACH AREAS.

Name of the organization: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number: 98-0407553

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
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SWITZERLAND
INDIA
SOUTH AFRICA
VIETNAM
KENYA

Name of the organization: FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number: 98-0407553

FORM 990,PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BIOMERIEUX INDIA PRIVATE LIMITED 43A, OKHLA PHASE-3 NEW DELHI INDIA 110020	PROCUREMENT	3,510,601.
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 BOSTON, MA 02127	IMPLEMENT. PARTNER	2,044,503.
BIOMEME 401 NORTH BROAD ST SUITE 222 PHILADELPHIA, PA 19108	R&D	2,000,000.
STRATEGIC ALLIANCE MGMT SERVICES PVT LTD NEW DELHI DELHI INDIA 110065	PROCUREMENT	1,883,561.
DIVISION OF WITS HEALTH 31 PRINCESS OF WALES TERRACE JOHANNESBURG SOUTH AFRICA 2193	EVALUATION STUDIES	1,713,419.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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	(g) Section 512(b)(13) controlled entity? 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)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
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	**1a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1c**		X
d	Loans or loan guarantees to or for related organization(s)	**1d**		X
e	Loans or loan guarantees by related organization(s)	**1e**		X
f	Dividends from related organization(s)	**1f**		X
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		X
o	Sharing of paid employees with related organization(s)	**1o**		X
p	Reimbursement paid to related organization(s) for expenses	**1p**		X
q	Reimbursement paid by related organization(s) for expenses	**1q**		X
r	Other transfer of cash or property to related organization(s)	**1r**	X	
s	Other transfer of cash or property from related organization(s)	**1s**		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 DX KENYA	R	838,823.	FMV
(2)	FIND DX NPC	R	443,848.	FMV
(3)	FIND INDIA	R	381,265.	FMV
(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)													
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(16)													

Part VII **Supplemental Information**

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